STATE OF MARYLAND

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CEREMONE PERSONAL SIGNAL FINANCES

ARTERIOSCHEROTIC CARBIOVASCULAR DISEASE VITH CARDIAG PAGE MAGET 11.

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X	FO - ST/			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 0 2 4 0 5 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.) 5
	DECE	GISTRAR ASED NAME	FIRST	ME	MIDDLE	EXAMINI	R'S CE		2o. [ATE KNOW	H M MONTH	H DAY YEAR	R 7h HOUR
E L	(TYPE OF	R PRINT)	MILDRE	D. DATE OF BIRTH	т.		ALLE			OF ESTI-	A A A A A A A A A A A A A A A A A A A	-4 1982	, A
	FEM	ALE	BLACK	2- 28-4	3 YEAR	6. AGE (IN YEAR LAST BIRTHDA' YR	MONTHS	DAYS HOURS	MIN. PRO	DATE NOUNCED DEAD		-4 1982	25
6	FOREK	HPLACE (STA GN COUNTRY) Cyland	TE OR	76. CITIZEN OF W		ITRY?	MARRIED	NEVER MAR	RIED LA	PRINCE	_	NTY OF DEATH	
4		or town c	OF DEATH	II. NAME OF HO	SPITAL NU	RSING HOME, TREET ADDRESS) ES GENE	OR OTHER	OSPITAL	12a USUAL (TYPE OF WORK	OR INDUS	BUSINESS
130	SUAL R	RESIDENCE (I	IN NURSING HOME	OR OTHER INSTITUTION, G	13c. CITY		13:	I. INSIDE CITY LIMITS?	13e. STREET		illage	Dr.	
14		HER'S NAME		MIDDLE		LAST	15	, MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
16	a. WA:	Thomas S DECEASED NO, OR UNKNOW TO	EVER IN U.S. AL	RMED FORCES? E WAR OR DATES)	16b. SO	llen CIAL SECURITY Known		Este INFORMANT John Tho		ADP	RESS 919 Du	Hamilto tch Vill	100000000000000000000000000000000000000
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1		ART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	NTEO TO THE TERMIN	AL DISEASE OR	CONDITION GIVEN IN	PART 1 (q).				
2	CERTIFICATION 61	e. DATE OF C	OPERATION	19b. CONDI	TION FOR	WHICH OPERA	TION WAS	PERFORMED?		A Y		20 AUTOPS	
3	EDICAL 21	NDERLYING ONTRIBUTIN		DEATH PLACE	A. MONTH		21c. HOW			OR TOWN			STATE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	A(5)	270. I certify death resulted CTUAL IGNATURE	that I took char	rge of the remains de-	Accident	, Suice	M.D.	Homicide TITLE (SPECIFY)	Undetermin	EXAMINER	ond in my o		
E S	(T	YPE OR PRIN	ON, REMOVAL		RIGUE 23c. t	Z M.	COLD IN THE R	REMATORY	73d. LOCAT		MP SPI	RINGS. M	4D, 207
	,	Buri ERAL DIRECT	al	1/9/82	На	armony 1	1emor-	al Park	Lando	ver Pr		leorges	MD

PB 전 보고 18 143 PRINCE GEORGES YTV930 MIGUSTO P. RODRIGUEZ . M.D. SECONDAY OR OT CAMP SPRINGS, M. 2021 18 18 18 SER CLOSE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 HOUR **NMN** Margaret ARCHER January 11, 1982 4.43n 4 RACE & AGE (IN YEARS LAST BIRTHDAY) SEX 5. DATE OF BIRTH Female White April 29, 1911 BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Canada U.S.A. Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Lanham Doctors' Hospital of P.G. County House wife Own Home DITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Los Angeles Long Beach 13d. INSIDE CITY LIMITS? 225 Del Amo California YES K 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alfred Rolls Doherty Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Eastfield Dr. (IF YES, GIVE WAR OR DATES) 385-22-0663 Robert Archer Rolling Hills. Calif. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: MASSIVE CEREBRAL EDEMA. 1-10-198 DUE TO, OR AS A CONSEQUENCE OF CEREBAAL INFARCTION 7-8-1987 RIGHTSIDED Conditions, il ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF CEREBRO UAPGULAR DISEATE Unkn. underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 TRANSIENT ISCHARUC ATTACKI. 2) CARCINOMAROBREAST. 1) KYPERNENSION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING THE 776. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC 1 STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 10 8 2 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. obove, (I) (we) (did) (did not; view the body ofter death DEGREE 12/1982 ATTENDING (I 1) PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 6490 Landover Rd., Landover, Md. 20785 SHRINIVAS R. UDAPI, M.D. 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 231 NAME OF CEMETERY OR CREMATORY 23b DATE 1-15-82 Green Hills Mem. Park San Pedro, Los Angeles, Calif

f. Gasch's Sons, P.A. Hyattsville, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Ho , as found noi , or half are s	the Hone Part	Creen 1	1-15-82	Lekiph Telle
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S. WASHINGTON + SONS 4925 BURROUGHS AVEN.E.

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1	FOR		DEPARTMEN	IT OF HEALTH AND MENT	TAL HYGIENE	0 2 4 0 8
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		ED NAME FIRST	MIDDLE	LAST	20. DATE KNOWN C	
(TYPE OR P	PHOEBE		DATION	OF ESTI- X	1-17 82
3 S	EX	4 RACE		BALLEY GE (IN YEARS IF UNDER) YR. IF L	JNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUI
F	EMAL	E DI ACK		ST BIRTHDAY) MONTHS DAYS HO	URS MIN. PRONOUNCED DEAD	3:15
	BIRTHP		MAR 24 1912 6 7b. CITIZEN OF WHAT COUNTRY?	9 YRS.	9 BALTIMORE CITY	1 17 19 82 A A
-	FOREIGN	COUNTRY) 5,C	1161		MARRIED U	
10	CITYO	R TOWN OF DEATH	IT NAME OF HOSPITAL NUBSING			RGES ME
	CIIIO		TT. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DORESS)	12a. USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE)	OF INDUSTRY
	EAT	PLEASANT	1505 ELKWOOD LA		Hoosewife	Athone
130.	STATE	IDENCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR		MITS? 13e STREET ADDRESS	
		Md P	6. Sent 1	. / / _	10 1405 Elkw	ood pane
14.	FATHE	R'S NAME	AND DLE LAST	TS. MOTHER'S	MAIDEN NAME	LAST
	100	Athew W.	Buck	FVA	Blucking	(ASI
160	WASI	DECEASED EVER IN U.S. ARM		ECURITY NO. 17 INFORMAN	T ADDRESS	
1	V	1	WAR OR DATES)	Bess1	- Back 5.1.	1015/27 HS+NI
F	TB.		y ane cause per line far (a), (b), and	- V	-170CG 715TEL	APPROXIMATE INTERVAL
	1	PARTIDEATH WAS CAUSED) BY-			BETWEEN ONSET AND DEATH
		I A MEDIATI	E CAUSE (a) ARTERIOCLE	ROTIC CARDIOVAS	SCULAR DISEASE	
	1 2	Canditians, if any, which	DUE TO, OR AS A CONSECU	JENCE OF		
-	-	gave rise ta immediate	(b)			
		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
			(c)			
		2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1 (g).	
O N						
	19a.	DATE OF OPERATION	19% CONDITION FOR WHIC	HOPERATION WAS PERFORMED)?	20 AUTOPSY?
Ě						YES NO X
CERTIFICATION	21a.	EXTERNAL CAUSE WAS	216 TIME OF INJURY	21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	- 14
		DERLYING OR NTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY			
MEDICAL	21d	INJURY OCCURRED		19 HOME, 211 LOCATION		
X			STREET FACTORY FARM FTC 1	STREET	CITY OR TOWN	COUNTY STATE
	AT	WORK AT WORK				
	1	20 I certify that I taak charge	e at the remains described above, he	ld an Autopsy . Ins	spection 🗶 , Inquiry 🗶 , as	nd in my opinian
	dec	oth resulted from: Nature	al causes X, Accident	Suicide , Hamicide	Undetermined manner .	
	-	~1.	- M	TITLE (SPECI	IFY)	
	ACT	HATUR HUST	uno X real	MODEPUTY	MEDICAL EXAMINER	DATE SIGNED 1-17-82
		//	/////			
-	EXA	MINER'S NAME AUGUS	TO P. RODRIGUEZ	, MD ADDRESS 501	09 RAYBURN CT, CAM	IP SPRINGS, MD20/48
230	1.00	CREMATION, REMOVAL 23		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	
1	TSPECIFY	4	1 1.02 1/	Annuny Cem.		COUNTY MISTATE
24	FUNER	AL DIRECTOR		1750	MATEREC'D. BY REGISTRAR 25h REG	ISTRAR'S SIGNAMPRE
1	1 NAM		ADDRESS 4925	1-11.	ATEREC D. BY REGISTRAR 256 REG	The second second
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STATE OF MARYLAND

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AUGUSTO P. CONSIGNEE . MI BOOD RAYBURD CT. CAMP SPRINGS MD20748

Alexander Ferry Rd.,

(VRA 15, 4)

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STATE OF MARYLAND

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	3. SE		4. RACE	5. DATE OF BIR	TH	6 AGE (IN YEA	RS IF UND	ER 1 YR. IF UNDE	R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	24.150
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-		RTHPLACE (S	ATE OR	76. CITIZEN OF	WHAT COUN	TRY?	8. MARRIED	NEVER MAR	RIED 7. B	ALTIMORE CIT	Y OR COUNT	Y OF DEATH	
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1	10 C	TY OR TOWN	OF DEATH	11, NAME OF H	H FACILITY, GIVE !	TREET ADDRESS)		RINSTITUTION	120. USUAL	OCCUPATION OF WORKING LIFE)	TYPE OF WORK	OR INDUS	USINESS TRY
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	(Y	ES, NO, OR UNKNO	WH) (IF YES, GI	E WAR OR DATES)					Wife				
		IB. CAUSE O	DEATH /F-:	1	[578		043	Adela M	. Barr	house	Sam	le as	#13
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		death results		ural causes	Mident		cide .	Hamicide .	Undetermin	,,],		
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_		SIGNATURE.	Trugal	Va Jy	my	1112/	M.D	Deputy	MEDICAL	EXAMINER	DATE	1-8	-82
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	EAS 110R	I. SEX		4. RACE	5. DATE-OF BIRTH	6. AGE (IN Y	EARS IF LIN		IF UNDER	24 HPS	2c. DATE	MATED	1-	3 1982 DAY YEAR	M HOUR
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	Y DELAY IS NECESSARY, PLEASE 13 TO THE FUNERAL DIRECTOR. AND REGIS FOR YOUR FILES. DD BE FILED, WITHIN THE PLOUS, 20 NAM PRESIDENT PROPERTY.	-	everly	OI DEATH	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS				Cler	ost of work	(ING LIFE)	TE OF WORK	Dept. S	TRY
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BALTIMORE,	UURS AFTER DEATH. IF. 8. GIVE PAGES 1, 2, 4 WITH FORM PM 3: 11 II. PAGES 1 AND 2 SH C. DIVISION OF WITH IF.		No	(11 165, 5116	WAR OR DATES	579 34 83	02	J. F.	Erd	mann	Chi	llum,	, Mary	yland	U. I
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	SAN	-	gave ris	is, if any, which ie to immediate	(b)										
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	CONTRACTOR				(c)										
RECORDS,	ULD BE EXECUTED WITHIN 24 HOW "PENDING" IN PENCIL IN ITEM 11 FENDING EXAMINER ALONG BEA AS A BURIAL TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	z	PART 2 OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TER	MINAL OISEAS	E OR CONDITION	GIVEN IN PA	RT 1 (a).					
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DIV	Con Repert of the Control of the Con	ME	WHILE	NOT WHILE X	STREET, FACT	ORY, FARM, ETC.)	5	TREET	1 00					ORGES, M	
	NER: THIS CERTIFICATE SHOULD CATE, WRITING THE WORD "PE FORWARDED TO THE CHIEF A TORE SAHOULD BE USED. THE STATE DEPARTMENT OF HE AND, 21201 PRIOR TO BURIAL, O		AI WORK	AT WORK	STRE	<u> </u>	FOW.	DERMIL	L KU		NATIO	MAL F	AGK1.	KESEACH	CENTER
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	WE BE SEE		death resulte	ed fram: Natur	al causes 🔲	Accident . S	vicide 🗸	, Hamici	ide 🔲	Undete	ermined ma	nner	,		
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	SHE SHE SHE		SIGNATURE	Juga	1.4	Judin)		.b. Dept	lty	MED	CAL EXAM	INER	SIGNI	1-3-81	
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PAFIER DEATH, WITH THE STABLIMORE, MARYLAND, 2	1000	EXAMINER'S I	NAME Agus	to P. Rod	riguz, M.	D.	ADDRESS 50	009 R	aybur	n Cou	irt, T	[empl	e Hills,	0748 Md.
	DAY DAY -	23a.B	JRIAL CREMAT	TION, REMOVAL 2	3b. DATE	23c. NAME OF C	METERY O		ORY	23d. LO	CATION			INITY	
	BP	B	urial		1/7/82	Ft. Lin	ncoln	Cemet	ery		entwo	od F	G. COU	Maryla	nd
	DHMH - 17	M.F.	UNERAL DIRECT	asch's S	ons Funer	al Home, P					REGISTRA			GNATURE	district the second
	(VR A15 ME (5))	Ĥ	yattsvi	lle, Mar	yland				M	T 11	198	1 2	ances	A Charles of States	SERV.
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	BIRTHPLACE (STATE OR FOREIGN COUNTRY) ashington, DC CITY OR TOWN OF DEATH	U.S.A.	MA	RRIED NEVER MARRIED	- A-A-	Geroge's County	MD.
No.	Clinton UAL RESIDENCE (IF IN NU.	Gouthern Ma	ryland Gener		FOR NOSTOF WORKING LIFE)	OR INDUSTRY	4533
S. S	. STATE UIL COUNT	Y 134	Clinton	13d. INSIDE CITY LIMITS? YES ☑ NO ☐ 15. MOTHER'S MAIDEN		um Court	
100 D	anny Lee Benne	SED FORCES? 16	b. SOCIAL SECURITY NO.	FIRST	ee Dillon	LAST	
DIVISION DIVISION	YES, NO, OR UNKNOWN) (IEVES, EVE	var OR DATES)	N/A	Danny L.	Bennett -	Same As #13	A-E
PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FORM PM 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, DIVISION OF WALALRECORDS 2011 BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION STORY OF THE STATE DEPARTMENT OF THE STATE OF	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A	A CONSEQUENCE OF	EASE OR CONDITION GIVEN IN PART	1 (0)		
AENT OF HEALTH O BURIAL, CREA	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?	NO []
DEPARTMEN 11 PRIOR TO B			ONTH DAY YEAR	. HOW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM		
21201 PR	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF IN STREET, FACTORY,		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
EATH, WITH THE S	deoth resulted from Norum	[se]	d obove, held on Au ident . Suicide	topsy X Inspection , Homicide , TITLE (SPECIFY) ASSISTANT	, Inquiry , Undetermined monner	ond in my opinion], DATE 1-15-82 SIGNED 1-15-82	
SALTIMO SALTIMO	EXAMINER'S NAME Mar (TYPE OR PRINT) Mar	garita A. K	Orell, M.D.	ADDRESS	nn Street		
B	urial Jan	1. 18, 198	2 Resurre	ction Cem.	23d LOCATION Clinton, P C'D. BY REGISTRAR 256, RE	r. Geo. MD	
H-17 ME (56673	Old Alexander	uneral Ho		1 1 1 1 1 1 1	1 0 4000 121	new Can lather	U .

Mayor for their

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机件】	3. S	EX	4. RA	CE	No.	5. DATE OF BIR		EAR	AGE (IN YEARS	LAST BIRTHDAY)	IF UN		IF UNDER 24 HR
San San		male		White		11		900	81		RS.		,,,,,
7 10 4 P	70	BIRTHPLACE (STATE OR FOR	FIGN 7b. CI	ITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARR	IED 🗆	BALTIMORE			HTASC	
1 12 10	4	Missouri CITY OR TOWN OF DEATH		US		WIDOWED	DIVORC			ce Ge	-		Λ
by the filled wife	o c	LISTOP , MC	5	e mo Ho	CILITY, GIVE STREET	ITER	HEK INSTITUTI		120 USUAL OCC (TYPE OF WORK FOR Superv.	MOST OF WORKIN	ING LIFE IN	NDUSTRY	BUSINESS O
24 hou suld be must be	130	JAL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER COUNTY	INSTITUTION GIVE	RESIDENCE BEFORE CITY OR TOW Suitle	N 13d	INSIDE CITY LI	MITS?	3e STREET ADD	RESS Fort I	Driv	е	
ithin 2 sho	14. 1	ATHER'S NAME		THE A			AOTHER'S MAI		E				
w pa ond ond	0	John	MIDDLE	Be	nnett		FIRST	Leil		DDLE	Da	rlv	
d co	16a.	WAS DECEASED EVER IN	U.S. ARMED I		SOCIAL SECU	IRITY NO. 17_1	NFORMANT			ADDRESS Sa		as Al	oove
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sicio pers vol.		18. CAUSE OF DEATH (Enter anly and							• 300000	- 1	APPROXIMA BETWEEN ON	ATE INTERVAL
ph) on po emo			MEDIATE CA		EMP4	4SE de	A		1111111				33.13
h cer ding prbc or re		4960		DUE TO, OR AS	A CONSEQUE	NCE OF							
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the premoremost		gave rise to immed cause (a), stating		DUE TO, OR AS	A CONSEQUE	ENCE OF		0.0		P. 2730	100		
l by sose ol, cr		underlying cause	last.	(c)	07	strue	HUE 7	PULCh	ONARY	. mise	. NYE		
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low s beer prid	CERTIFICATION	19a. DATE OF OPERATIO	N I	196. CONDITIO	N FOR WHICH	OPERATION WA	AS PERFORME	5	20a AUTOPSY			RE FINDING	
The licion.									YES NO	OK .	YES 🗌)	NO 🗌
hysicate rous Hyg	9 -	210. ACCIDENT WAS UNDERLO		HOUR A.M.		AY YEAR 21c.	HOW INJURY	OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	4 18, PART 1 0	OR PART 2)	
SICIA ng p certif riol-i entol	MEDICAL	(IF EITHER, NOTIFY MEDICAL	SE OF BEATH	P.M.		19							
HYS of his of his of his of his	0	21d. INJURY OCCURRED		Te. PLACE OF I	NJURY		LOCATION	1 116	CII	IY OR TOWN	(COUNTY	STATE
offer the rich of	2	WHILE NOT WHILE		AT HOME, STREET, E	ACTORY, OFFICE F	ARM, ETC }	Jineel						
or o	1	22a. I certify that (I) (th	is haspital) o	ttended the de	ceased from_	TAW.	in 19	58	_, to//	10	19.0	P2_ th	not (1) (we) lo
ital of H		saw the deceased	alive an	1191	19.0	, and the	at in (my) (aur)	apinion de	eath occurred an	the date and			
hospith RECTC hed for spt. of tem 21		abave, (1) (we) (did 22b. SIGNAT	(did nat) viev	v the body atte	r death.	DEGR	REF					22c. DATE S	IGNED
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by the by the ERAL state of the	-	22d PHYSICIANS NAM	E com comme	920	Jun	1220	PHYSI	ICIAN A	STAR.	HYSICIAN	and .	1/10	152
TO HOSPITA retained by TO FUNERA should be di with the Sta IMPORTANT	1	BLUNG	Koh	FRA	me		Fall C		1665-1			74	0
Shouth with	-					, ,					- 11	1 / 10	
	230	BURIAL, CREMATION, RE. (SPECIFY)		b. DATE		NAME OF CEMET			23d LOCATIO	NWC		UNTY	STATE
Bb	0.0	Cremation		1-14-8	2 Ce	edar Hi	III Cr	emat	dry S	uitlar	nd,	P.G.	Md.
IMH- 16 30M 2/80 (VRA 15, 4)		FUNERAL DIRECTOR RO	ot E 1	Wilhel	m ADDRESS	308 Sui	tland	750. DATE	KEC'D, BY REGIS	SIKAR 256. RE	GISTRAR'	SIGNATU	RE /
(AWW 19' 4)	F71	meral Home		Rd. S	uitlar	nd. Md.		1			1	(MX	Maser-

TEY C. B. WILT DAM TO SELENT 00 Pi 20 11 20 CO Control of the Contro CLEARLY MAN TO BE THE WORLD CLEAR FOR THE PARTY OF THE PA ALL RESERVED AND AND AND ASSESSMENT OF THE PROPERTY OF THE PARTY OF TH

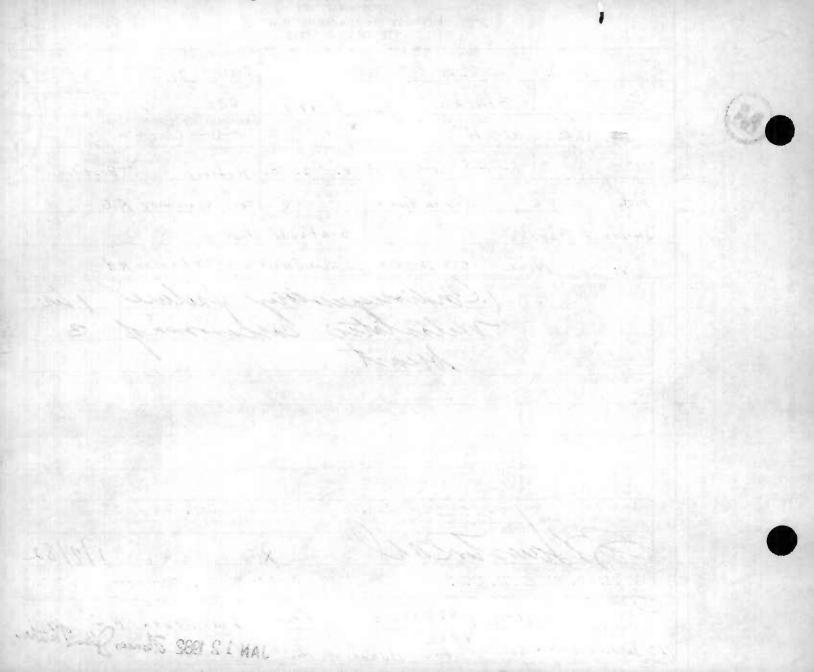
DELLA E. LIBUSONS Esmale | Cauc. | July 3,1902 min-iv PRIMUE GEORGE'S CHAPTER CHAPTER CENTERS CENTERS CONFUNDATE TO DE CONFUNDATE DE CONFUNDAT Marylor P.G. Unner Morlogio x 11511 White Mouse Bet., Joseph Alma B. Watkins Croton ----- [77-0]-277] Suth Sorrewise, 1724 Tinton H.,

Burial 17/02 Blancfore com. Petersburg, Virginia Beall Funeral Ermc 16000 Annanolis Rd., Bowle, Mc.

A.C. HOLMES, M.D.

14314 OLD MARLEDORO PILLE UPP. MARLEDRO. 10.

	1-	FOR STATE			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA		NE 8 2	0	2	. 1 3
		REGISTRAR	8 3	7			ICATE OF DEATH		REG.			
		EASED NAME	FIRST		MIDDLE		AST	- 1	DATE OF DEATH		DAY YEAR	2b. HOUR
100		Et	hel		Rita	BL			January (4:25p ~
+	. SEX	F		4 RACE B/B	ck	5. DATE (DAY YEAR	iR.	AGE (IN YEARS LAST	1	FUNDER LYEAR	HOURS MIN.
§17 ⁷	a. BIR	THPLACE (STATE OR F	OREIGN		WHAT COUNTRY?		NEVER MARRIED	D 🗆 🧖	BALTIMORE CITY Prince	_		
to po	0 CIT	Y OR TOWN OF DEA	TH	11. NAME OF		WIDOWE NG HOME (D DIVORCED OR OTHER INSTITUTION	N 1	76 USUAL OCCUPA	TION	126 KIND C	MD OF BUSINESS OR
205		anham		Doctor	s' Hospit	al of	Pr. Geo.	Co.	Retired	TOF WORKING LIFE	Bent 1	cian
	30. ST	RESIDENCE (IF NURS	13b COUN	1TY	13c CITY OR TOW	IN .	13d. INSIDE CITY LIMI		30. STREET ADDRES		R.L.	
eu I	-	HER'S NAME FIRST	1170	WIDDLE	LAST		15 MOTHER'S MAIDE	EN NAME		,,,,,,	LA!	ST
1300		Ames H	Broc				Genthou	de l	+111			
medico		AS DECEASED EVER S. NO OR UNKNOWN)	(IF YES, GIV	MED FORCES? E WAR OR DATES)	578-16-3	1817 NO.	Ly Verne JK	anife		PRESS PX MAN	Rd	
ony injury, ar of		PART 2 OTHER SIGN	IIFICANT (NOT RELATED TO THE	E TERMIN	AL DISEASE OR CO	20b. IF YES	EN IN PART 11 5, WERE FINDIO YING CAUSES	NGS USED
ntal Hygiene em 18 shaws	F								YES NO X	YE:	S 🗌	NO 🗆
- 1 0		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	NIH .	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY O	CCURRE	O (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART OR PART 2)	
Tked of	₹	WHILE NOT WHAT WORK	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
I is mo		220. I certify that (I) sow the decease	d plive on	/ Jai	nuary X6.	82 Jan			, to Jan .		V	that (I) (we) last
If Item 2		obove, (I) (me) (d	id) (did no	view the body	ofter death.	16	OF GREE ATTEND	ING		AFF	22c DATE	
RTANT:		RONALD P	ME LIVE O		M D		22e ADDRESS	IAN	DIRECTOR PHY:		Wi	20705
IMPORTA	30 Bl	IRIA, CREMATION,		23b DATE	230	NAME OF C	EMETERY OR CREMAT		Pk Rd.,	Landov	ver, Ma	20763
_	4 FII	NERAL DIRECTOR		1-9-	11000	IBA.	mony Cer	o DATE R	LIS Mel	OVER	P.G.	Mily
M 1/81		. Washing	for a	Sone	Y9ZADDRESS Nanni	Bun			IN 12 198	2 Ocean	KAN SO TOWAL	DATE OF THE PARTY



	STA	TE	OF	M	ARYL	AND
DEPARTMENT	OF	HE	AL	TH	AND	MEN

TAL HYGIENE

		· STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).	
		CEASED NAME FIRST	MIDDLE	Blo	aden	20. DATE OF DEATH	L DAY	YEAR 26 HOUR 535
	3. SE	× - Female	White	Jan	DAY YEAD	6. AGE (IN YEARS LAST BIRT	MONI	NOER 1 YEAR IF UNDER 24 HR
47		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	/2 R	D NEVER MARRIED	9 BALTIMORE CITY OF		DEATH
90	I	TYORTOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Carroll Ma:	nor	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Launo		
35	13a. S	Md. 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 130. CITY OR TO Hy.		134. INSIDE CITY LIMITS? YES TO D	13. STREET ADDRESS 4922 - La	Salle	Rd.
104	14. F.A	ATHER'S NAME Charles	Mille	r	15. MOTHER'S MAIDEN NA	MIDDLE		Beden
		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	C 1444 0 0 0 0 1 2 7 6 1		17 INFORMANT A Rev. Wm. A			y Pl., SE D.C.
	z	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN I	1 gelev.
9	CERTIFICATION	19a, DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDINGS USED G CAUSES OF DEATH?
9	MEDICAL CER	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	ORPART 2)
-	MED	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY STATE
		saw the deceased alive an	tal) attended the deceased from		nd that in (my) (🛶) apinion	death accurred on the da	te and haur and	d from the causes stated
		22h SIGNATURE	A foster	MIS	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		1/6/82
		226 PHISICIAN'S NAME (THE			22e ADDRESS			

23c NAME OF CEMETERY OR CREMATORY

Burial
24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

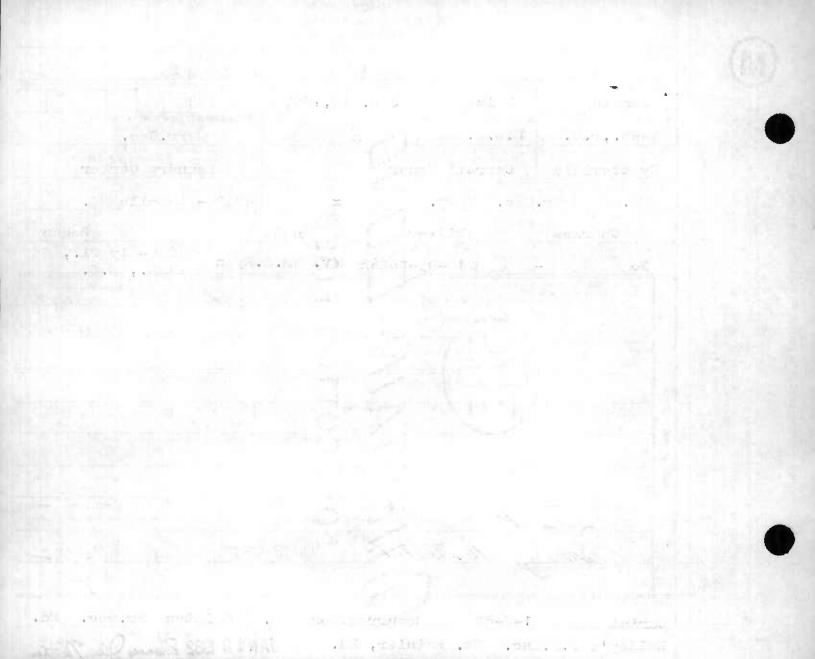
230. BURIAL, CREMATION, REMOVAL (SPECIFY)

-8-82 NalTey's Mt. Rainier, Md. F.H. Inc.

23b. DATE

23d LOCATION
CITY OR TOWN
Clinton Pr. Geo. Resurrection Cem.

JAN 1 2 1982 Phones Signature



VANNT AND WILLIAMS 4804 GA., AVE., N. W.

- STATE

DHMH - 16 50M 1/B1

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

12h KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO I

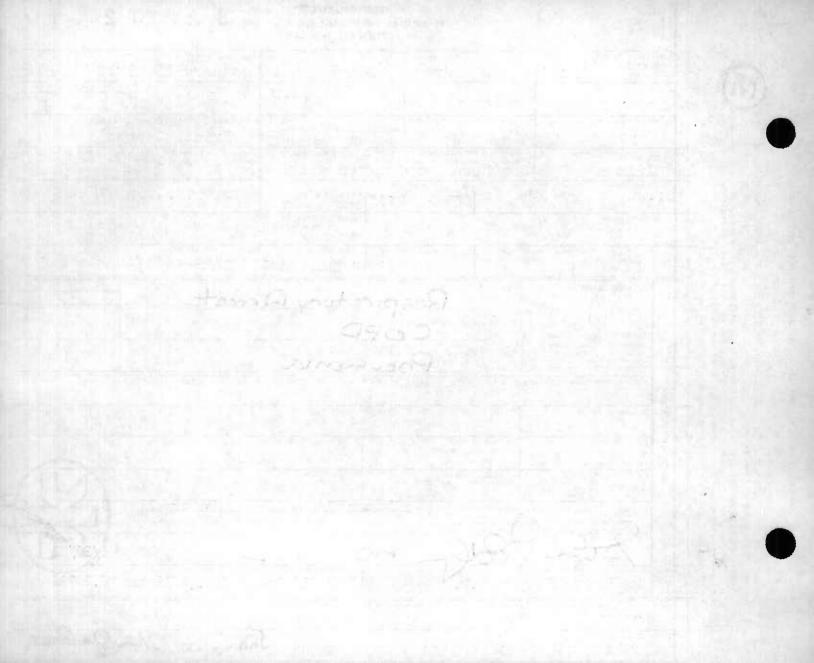
STATE

PUGHLAST

COUNTY

22c. DATE SIGNED 1/26/82

5:00E



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15 (4)6633

REGISTRAR

Tier Lot - Academic State O. 1025 Lot 63 the true being the set in the set of the true to the true -4 CE of and - Nellyanos CE Child-50-183 A STANCE OF STANCE OF STANCE A Linder of Lot a Local place of the Contract STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	OR		DEPARTMENT OF		ND MENTAL H		2 0	2 . 2
R	EGISTRAR		MEDICAL EXAMI	NER'S CE	RTIFICATE O		REG. NO.	
	eased Name FIII OR PRINT) Ra	ymond	Armand	В	osc		ESTI- H MATED	MONTH DAY YEAR
3. SEX	male 4. RACE whit	e S. DATE OF BIR	AY YEAR LAST BIRTH	YEARS IF UNDE		24 HRS. 2c. DA MIN. PRONO DE.	UNCED	MONTH DAY YEAR
Nev	THPLACE (STATE OR EGO COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	ED 📙 [eorge County
C	heverly	PFTME	ce George Col	unty Ho		FOR MOST OF W	ORKING LIFE)	DF WORK 12b KIND OF BUS OR INDUSTRY Hairdre
130. ST.	1.2	OUNTY CO.	130. CITY OR TOWN Rockville	13	AESTE (ILA FIWILZS)	13. STREET ADD	ress reat Oak	Road
1	THER'S NAME FIRST Albert	MIDDLE	Bosc		Marie	N NAME	MIDDLE	(Unknown)
YES	Yes U	s, give war or dates) nknown	Unknown		INFORMANT Lawrence]	Bosc 316	Creeks	North Carol Edge Chapel
	PART I DEATH WAS CA	AUSED RY.	line far (a), (b), and (c).) Multiple inju	uries				APPROXIMATE IN BETWEFN ONSET A
7	Conditions, if any, y gave rise to imme cause (a) stating the u lying cause last.	which diate (b)	OR AS A CONSEQUENCE	E OF				
	PART 2 OTHER SIGNIFICANT COND		ATM BUT NOT RELATED TO THE TER	RMINAL DISEASE OF	R CONDITION GIVEN IN PAI	RT 1 (a).		
TFIC	190. DATE OF OPERATION		NDITION FOR WHICH OPE	ERATION WAS	PERFORMED?			20 AUTOPSY?
3	21a. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSI 21d. INJURY OCCURRED	HOUR 7:56	OF INJURY A.M. MONTH DAY YEA P.AM 1/11 198 CE OF INJURY (ATHOME	AR -	in auto			
	WHILE AT WORK	STREET,	FACTORY, FARM, ETC.)	STRE	ET	owderMi		tsville,PGCo
>		therew of the remains	Acciden (XX), 3	Autapsy)	Hamicide	Undetermined		in my apinian
	ACTUAL SIGNATURE EXAMINER'S NAME	Howay	& low		eputyChie			DATE SIGNED 1/11/8
23a.BU	(TYPE OR PRINT)RIAL, CREMATION, REMOV	Thomas D	Smith 3 M D			23d LOCATION CITY OR TOWN		MD 21201
24. FU	BUTIAL NERAL DIRECTOR NAME	Jan/14/	82 Cedar H	Till Ce	metery 256. DATE	Suitla	nd P C	CO MATY I B
Cha	ambers Funer			, Mary	Land	AN 181	984 1	

26	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 2 C	2 4 2 1
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	te brite of beauty	AY YEAR 26. HOUR
				BREEN	01-20-	M
E (IA)	3 SE	Male	Caucasian	5. DATE OF BIRTH	7	IF UNDER 1 YEAR IF UNDER 24 HRS
2 2 3 m		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Oct. 5 1910	A BALTIMORE CITY OR COUNTY	OF DEATH
deam funeral thin 72	B	elfast, Irela	nd U.S.A.	MARRIED NEVER MARRIED (WIDOWED DIVORCED [PRINCE GEORGE	
by the filled will filled will have a second to the second	0	HEVERLY	PRINCE GEORGE'S	ING HOME OR OTHER INSTITUTION TAPPRESS!	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Ornamental Pl	126 KIND OF BUSINESS OR
filled in rould be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT Pr	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY GOO. Hyatts	WE ADMISSION 134 INSIDE CITY LIMITS? VIIIE YES NO	6700-Belcrest	Rd.
ted on on		Charles	MIDDLE LAST Breen		abeth	(Unknown)
Poges		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (# YES, GN	RMED FORCES? 166 SOCIAL SEC 166 MAR OR DATES! 066-01		reen (same as al	oove)
requires that the death certificate Een signed by the ottending physica. I then please remove carbon papers or to burial, cremotion, or removal. I juijury, or other troumatic event, the	ION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	JENGE OF HO	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
n. nos be permine pri	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED YING CAUSES OF DEATH?
S PHYSICIAN The ittending physicion in this certificate if the buriol-tronsit and Mental Hygic ked or Item 18 sho	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTI WHILE AT WORK AT WORK	ATH HOUR A.M. MONTH	19 211 LOCATION	URRED (ENTER NATURE OF INJURY IN ITEM 18, PA	COUNTY STATE
the hospital ar of the hospital ar of the hospital ar of the property of Health is the most and the property of the property o		22a E certify that (I) (this hasp saw the deceased alive an	ital) attended the deceased from 19_12 view the body after death.	DEGREE	on death occurred on the date and hour	ond from the causes stated 22c DATE SIGNED
retoined by the hor TO FUNERAL DIREC should be detached with the Stote Dept.		776. PHYSICIAN'S NAME (TYPE O	DR PRINT]	22e ADDRESS	GIA AVE. N.W. #101	WASH., D.C.
BP	23a (URIAL, CREMATION, REMOVAL Burial	1/23/1982 G	NAME OF CEMETERY OR CREMATOR	Y 236 LOCATION	county Mont STATE
DHMH-16 20M (VRA 15, 4) 7/7B	24. F	INERAL DIRECTOR Nall	ey's F' H . ADDRESS	Mt.Rainier, 250.D	A REC'D BY REGISTRAR 236. REGISTR	

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		1 -	REGISTRAR	Let		Tikel	CERTII	ICATE OF I	DEATH	DE (G. NO.		
	ī	. DEC	EASED NAME	Marie Land	A	MACA!		This	tle	20 DATE OF DEAT		DAY YEAR	26 HOUR
9 7		(TYPE	OR PRINT)		11	C1 1	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				2 6 -	F 70
5 3 3				USTI		Floyd	- 0)		1.105		3-82 I IF UNDER TYEAR	IF UNDER 24 HRS
E	3	. SEX		4 RA	CE		3. DATE	OF BIRTH	YEAR	6. AGE (IN YEARS LA	SI SIRINDAY)	MONTHS DATS	HOURS MIN.
ge , ecto			N		W	hite	3	14	95	86	YRS.		
6 bg 6	7		CTHPLACE (STATE OR FOR	EIGN 76 C1	ITIZEN OF	WHAT COUNTRY	? 8	D NEVER	ALADDIED []	9. BALTIMORE CI	Y OR COUNT	Y OF DEATH	
ero 172	361	. 3	lorado m	2	USA		WIDOW		IVORCED	PRINCE	6.050	c Co.	MC
thur de	0 1		Y OR TOWN OF DEATH	*		HOSPITAL, NURS	-			12a USUAL OCCU	PATION .	12b. KIND O	F BUSINESS OR
ofter the dw	10	0.0				H FACILITY, GIVE STREE				(TYPE OF WORK FOR M		LIFE) INDUSTRY	
urs on by			L RESIDENCE (IF NURSING			CARE	AIDE	PIT		BARB	ER		
in 24 hou ly filled in should be				L COUNTY		13c. CITY OR TO		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDR	ESS		
fille fille	00	n	10	Permor b	25000	ADELDI	+I	YES 🗌	NO 🗌	9304	Ramb	ler DR	.1.1
± 55 €	1	4. FA	THER'S NAME		10]	French		15 MOTHER	S MAIDEN NA				Juck
n o c /9/	0/		BRITISTIC	11	- MIC	and last		- 1	MURP	A MIDE	ME	Wares	
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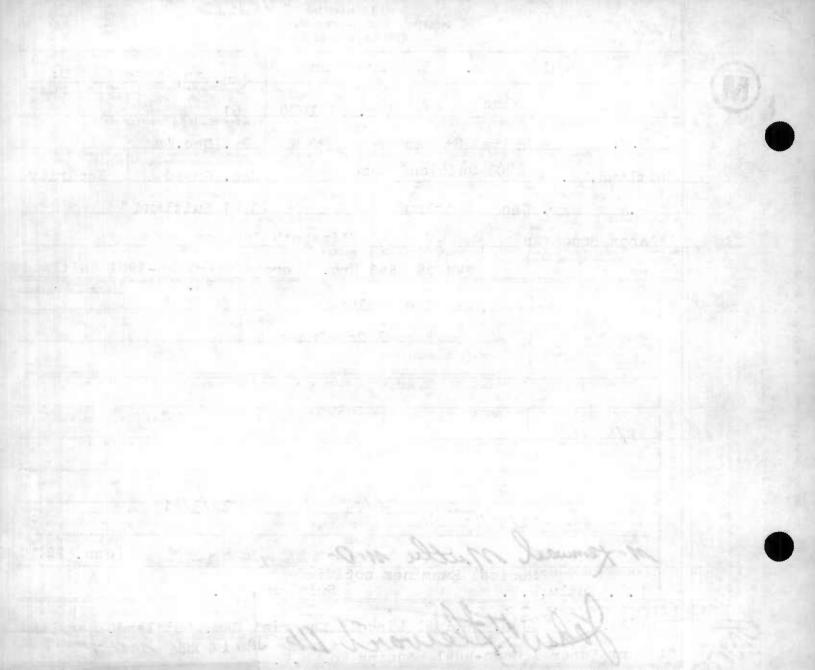
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4) 1/79



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

CHEVERLY RETHICE GENRAL'S GENERAL LOSPITAL and the state of t

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SAL AL	70. B	Male Negro	76. CITIZEN OF WE		18			9. BALTIMORE CIT	Y OR COUNT		
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15 H H H H H H H H H H H H H H H H H H H	1D. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM			N 12a. US	UAL OCCUPATION	(TYPE OF WORK	12b. KIND OF	BUSINESS
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ANY AND AND FETA FOULE			esstville	P.G.		13d. INSIDE CITY LI YES 12.		REET ADDRESS 7 Hil-Mar	Dr.		
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PAGEN ON	160.	VAS DECEASED EVER IN U.S. A	RMED FORCES?	168. SOCIAL SECURI	TY NO.	17. INFORMAN	NT .	ADDR			S.E.
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAY "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE HUREAL FF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR WED AS A BURIAL-TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED WITHIN HEALTH AND MENTAL LYGEIGHE, DIVISION OFWITAL RECORDS, 201 NAL, CREMATION, OR REMOVAL.		NO	TE WAR OR DATES)	219-16-20	45	Thelma	Jarret	t (Daught	22)1119		
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PECE NA BILL MA BILL M	,	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIV	EN IN PART 1 (a).				
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DIVIS FER. THIS CER ATE, WRITIN FORWARDED OOR, PAGE 3 S HE STATE DEP							(30)				
A NO A SER		22a. I certify that I taak cha	17		Autops		spection X,	Inquiry A,	and in my ap	inion	
AMA RTIFI S BE C BE C BE C BE C BE C BE C BE C BE C		death resulted fram: Nat	ural causes	Accident . S	uis de 🔲,	, Hamicide		ermined manner			
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ME COLI	4	(TYPE OR PRINT) Au	gusto P. Re	odriguez, N	1.D.	ADDRESS 500	09 Raybu	ırn Court.	Temp1	e Hill	s. Md.
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F	23a. B	URIAL, CREMATION, REMOVAL		23c, NAME OF CE			123d. LC	CATION			
BP	(Burial	2-6-82	HARM	2001	V	LCITY	AND OVE	er v	nd	STATE
DHMH - 17	24. F		t G. Masan F	uneral Hom	e	25a.	DATE REC'D. BY	REGISTRAR 254 R	EGISTRAR'S S	IGNATURE	
(VR A15 ME (5))		1661 Good Hox					FEB 2	1982 The	me Ja	March	-

Wife Lo. C. Sphilled Service power as I to Andrew consent to must be natified of once.

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IMPORTANT: If Item 21 is marked at Item 18 shaws any

STATE OF MARYLA
DEPARTMENT OF HEALTH AND I

AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE GREG. N	O	-1	20
8		CEASED NAME FIRST	MIDDLE		LAST		TANH DAY	YEAR	26 HOUR
	(1176	CHA	RLES A.		BROWN		01-03-82		
ı	3. SE)	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF UN	DER 1 YEAR	6:42AM
		MALE	BLACK	MON	FEB 27,1915	66	YRS.	HS DAYS	HOURS MIN.
5		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8 MARRI WIDOW		PRINCE (GEORGE S		MD.
+		CHEVERLY	PRINCE GE	ORGE 'S GEN	OR OTHER INSTITUTION ERAL HOSPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE) IN	26 KIND O NDUSTRY	OF BUSINESS OR
5	13e S	AL RESIDENCE (IF NURSING HOME C TATE 13b COU	INTY 13c C	SIDENCE BEFORE ADMISSION ITY OR TOWN COTTAGE CT	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	KER HIL	L RD	
a		THER'S NAME FIRST OHN BROWN	MIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME MIDDLE		LAS	ř
		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 S	OCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS		
		PDA -		7097967	MYRTLE BROW	WN WIFE July	2 BIINKER	R HTI	I_RD_
		Conditions, if ony, which	ATE CAUSE (a)	CONSEQUENCE OF	Cardismy	popalty		BETWEEN	MATE INTERVAL ONSET AND DEATH
	1	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)	CONSEQUENCE OF	I NOT DELATED TO THE TED.	MAINIAI DISEASE OR CON	DITION CAVEN IN	NI DA DT 3	
	NO	Chan	in Reval	Farture.	Cardiae 6	achoria.	DITION GIVEN II	N PART TIC	
4	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
1	CAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	EATH HOUR A.M. A		21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM IS PART 1 C	ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	TURY CTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn c	COUNTY	STATE
		220.1 certify that (1) (this has sow the deceased alive a above (1) (we) (did) (did n 22b, SIGNATURE	n 1/2	1982 0	nd that in (my) (our) opinion	, to, to			
		22d, PHYSICIA 'S NAME TTYPE	OR PRINT)	dlu	ATTENDING PHYSICIAN 22e, ADDRESS	MEDICAL STAI	FF _	1/:	182
	23e B	BURIAL SPECIFICATION, REMOVA	JAN 7,19		NY MEMORIAL	23d LOCATION CITY OR TOWN LA NDOV	ER. MD	UNIY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

ALEXANDER S. POPE

7,1982 2617 PENNSYLVANIA AVE S.E.

HARMONY MEMORIAL

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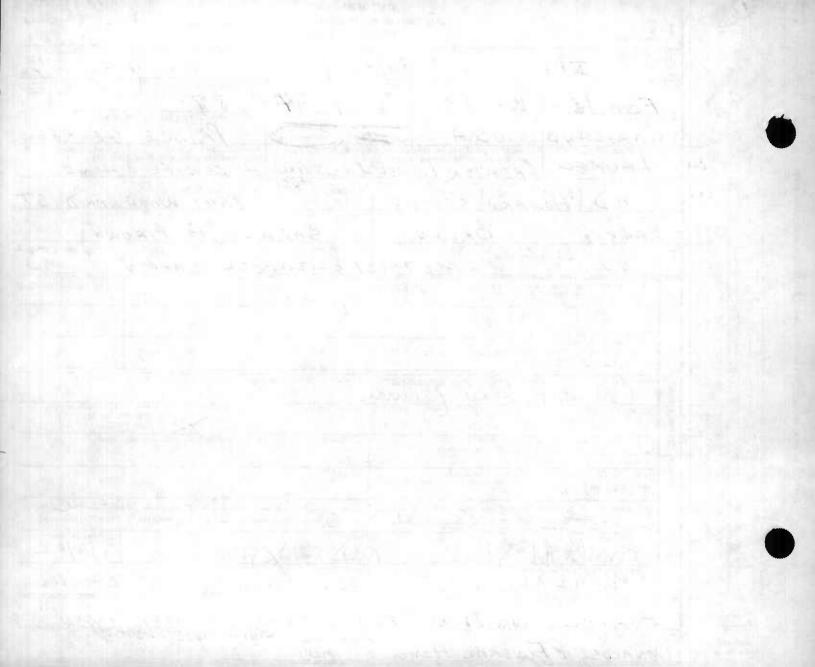
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6-	1.	FOR STATE REGISTRAR	DEPARTN	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 2	0	2 4	21
the	1 DE	CEASED NAME FIRST	WIODLE	LAS		20. DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
		FAE	Dolores	BROV			1 12	82	7:25P.M
7	3 SE	x Female	Caucasian	Dec.		6. AGE (IN YEARS LAST DIRTI		FUNDER I YEAR	HUNDER 24 HRS
/I.E.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Dec.	1, 1904	9 BALTIMORE CITY O	YRS.	OF DEATH	
64	Ne	ebraska	U.S.A.	WIDOWED		Prince Geor		OFDEATH	MD
36	Cli	nton	11. Name of Hospital, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Southern Maryland	Hosp:		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Housewif	DN WORKING LIFE B		
T must be	13a S	al RESIDENCE (IF NURSING HOMEO STATE alifornia Cor		N II	34 INSIDECITY LIMITS?	13. STREET ADDRESS 1431 Mon	ument	Boul	evard
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lem 18 s		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	ART 1 OR PART 2)	
rked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	II LOCATION STREET	CITY OR TOW	N	COUNTY	STATE
22a.1 certify that (I) (the		saw the deceased alive an above, (1) (we) (did) (did no	tol) ottended the deceased from	DE	that in (my) (our) opinion GREE ATTENDING PHYSICIAN		te and hour		SIGNED
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	C	remation, removal	Jan. 16,1982	Lee's	Crematory				STATE
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Funeral Home-4001 Benning Rd. N.E

(VRA 15, 4)

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STATE OF MARYLAND

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5 3 2	23a 1	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	AME OF CEMETERY C	R CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
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Funeral Home La Plata.Md.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF LINDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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Connectitut U.S.A.

Ret. St. How. Test Comm.

Mr. Ann Arun. Crofton 1001 Shire Ct.

John Alan Cameron Elizabeth 1001ev

No 067-05-6312 George J. Cameron, Jr. Sine as 413

Burial 1-8-1982 Lakemont Mem. Barr. Envirsonville Beall Euneral Bone 16,000 Annapolis Rr. Bovic, Br.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT! OF ESTI-Eldred Campbell 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS A AGE IN YEARS SEX 2r. DATE MONTH LAST BIRTHDAY) PRONOUNCED White 70 YRS · OOM 7h. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED P NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia WIDOWED [DIVORCED Prince Georges County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Retired D.C. Transit Riverdale Leland Memorial Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13 CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5902 Riverside Drive Maryland Riverdale YES J NO [Prince Georges DIVISION OF LITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE LAST Kubie William Campbell S. M. Frances 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS Address Same as (YES. NO. OR UNKNOWN) No# 13e. Elizabeth E. Campbell 218-07-5162 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per life for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. AS CAUSED BY:
IMMEDIATE CAUSE (o) In terrespolation and CandioVasculat desegre PART I DEATH WAS CAUSED BY: DUE TO, OR AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS COUNTY THE WATER PARTING THE WRITING THE CHIE FORE PAGE 3 SHOULD BE USE STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE PERMENT OF YES [21g. EXTERNAL CAUSE WAS 71b. TIME OF IN IURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PL STREET, FACTORY, FARM FTC.1 CITY OR TOWN COUNTY WHILE NOT WHILE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinian Accident Suicide Homicide Undetermined manner Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez ADDRESS 5009 Rayburn Court, Temple Hills, Md. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Jan. 24, 1982 Rhodesville Bap. Ch. Cem. Rhodesville Orange /Virginia Burial BP 24. FUNERAL DIRECTOR **DHMH-17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 15M 2/80

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 72 hear after their retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely tilled in by the inneres directors should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be filled with 7 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical exemperation from
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	ECEASED NAME	FIRST	MIDDLE		LAST			20. DATE OF DEATH	MONTH D	Y YEAR	26 HOUR	PM
		OSEPH	John.	CANTZ.	Jr.				Jan.	20,19	82 1	2 : 3
3 SI	EX	4.1	RACE		E OF BI			6 AGE (IN YEARS LAST BE	RTHDAY)	UNDER I YEAR	IF UNDER 2	
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	Joseph	Jot	nn	Cantz, S		Rosen	ī	ME		Carro	511	
	WAS DECEASED EVE (YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	8-40-041	15			Cantz, Sa	me as	# 13		
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter only o WAS CAUSED B IMMEDIATE C	Y: A -	ute Necr				hemmorrha	agic		day	
	Conditions, if on gove rise to im couse 101, stati underlying cous	mediate ng the e last	DUE TO, OR AS A	Consequence of	dit	is wi	th m	assive d		ion	. mo	nth
CERTIFICATION	Biliary	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN BILLARY obstruction secondary to pancreatijis DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, N								WERE FINDIN	IGS USED	76
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MEDICAL	21d. INJURY OCCUR		218 PLACE OF INJ	URY TORY, OFFICE FARM, ETC.)	211	LOCATION		CITY OR TO)WN	COUNTY	51/	ATE

			20a AUT	DEST:	IN CERTIFYING C	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
			YES 👿	NO	YES 😿	NO 🗌		
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTERN	NTURE OF INJUR	RY IN STEM 18 PART I OR P	ART 2)		
	218. PLACE OF INJURY (AT HOME, STREET_FACTORY, OFFICE_FARM, ETC.)	211 LOCATION STREET	wn cou	COUNTY STATE				
sow the deceased alive an above, (1) (we) (did) (did not) vie	ottended the deceosed from 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				, 19_8 ate and hour and fix	2, that (I) (we) lo om the couses stated		
22h SIGMATURE		• D • ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC		DATE SIGNED -21-82		

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR Huntt Funeral Home, Waldorf, Maryland

1-25-82

William C. Silberman, M.D.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23d LOCATION City or town Cross Cemetery

Clinton, Md. 20735

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STATE OF MARYLAND

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21201 AND TO RETAIN HOULD BE	USU		IF IN NURSING HOME O	OR OTHER INSTITUTION,	GIVE RESIDENCE BE	FORE ADMISSION)	E CITY LIMITS?	13e. STREET A	ADDRESS			- 11
" BALTIMORE, MD. 21: URS AFTER DEATH. IF AI URS AFTER DEATH. IF AI WITH FORM M. 3. RE IT. PAGES I AND 2 SHO UNISION OF VITAL REC	14. F	ATHER'S NAME						HER'S MAIDE			ge Gre	een Ter	L
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITING THE WORD "PENDING" IN PENCIL IN 17EM 1 RDED TO THE CHIEF MEDICAL EXAMINER ALONG SE 3 SHOULD BE USED AS A BURIAL - IRANSIT PREMI E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N 8UT NOT RELATE	O TO THE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN PAI	RT 1 (a),				
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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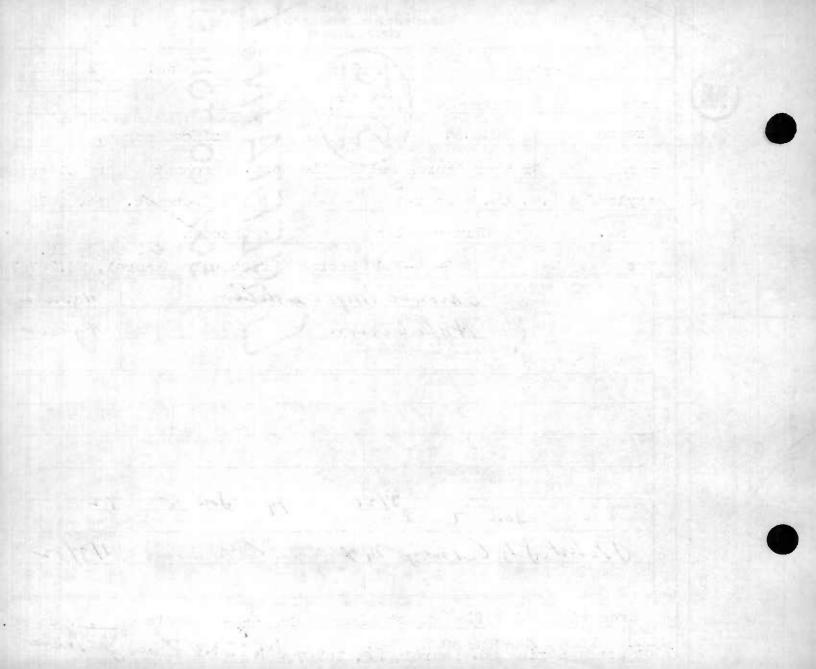
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anne -	14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA		STATE OF THE STATE OF	
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ical		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SC	CIAL SECURITY NO.	17 INFORMANT	ADDRES		
medica		No No	- ST	19 48754	Ronald N.	Carter (S	Son) above	506
the the		18 CAUSE OF DEATH (Enter	only one couse per lingdor	(a), (b), and (c).)	0 01	1)	APPROXIM/ BETWEEN ON	ATE INTERVAL
veni		PART I. DEATH WAS CAUS	ED BY:	Cucer	of Stone	eck		
or re		1519		CONSEQUENCE OF	1	1	1. 1	
nan,		Conditions, if any, which	(b)	CONSCOULACE OF	motosta	x SLENK	Volized	
er fro		gove rise to immediate couse (a), stating the	DIJE TO OP AS A	CONSEQUENCE OF	1 1/2 1/200		0	
officer		underlying couse lost	(6)	CONSCOULACE OF				
ry, a	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 10	
ini	CERTIFICATION							
son G	ICA	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S USED
18 show	- E					YES NO	YES 🗌	NO 🗆
8 0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	(IN ITEM 18 PART 1 OR PART 2)	
lfen	MEDICAL	TIFEITHER NOTIFY MEDICAL EXAMIN		19				
o pa	A P	21d INJURY OCCURRED	21e. PLACE OF INJU	JRY ORY OFFICE FARM, ETC	211 LOCATION	CITY OR TOW	VN COUNTY	STATE
orke		A		15	WY A	7 1/1	12	_
E S		The I certify that (I) this has	pital) attended the decea		19 4	14		n(II)(will lost
# 2 a			not) view the Judy after de	rath.	nd that in (my) (our) opinion	death accurred on the dat		uses stoted
Dep F		The state of	11/0/1		2. ATTENDING	MEDICAL STAFF	271. 941/51	100
Z	1	278-PHYSICIAN'S NAME (ITH	- Cary	4	PHYSICIAN	DIRECTOR PHYSIC	AND 141	10
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with the State		1- (11/1)	Neppor	/	30046	cenning	74 8/104 J	2 miles
	23a. E	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATON	Cyclina K	9 1/2
		Burial	1-8-82	Ft. Li	ncoln Cem.	Brentwo		Md.
M 1/B1	24 FI	JNERAL DIRECTOR	11 11-8	ADDRESS	25a. DA	N 1 2 1002	REGISTA P'S SIGNATUR	₹E
')	1/	ALLEY TI	H. /47 30	MILTE!	17171 JA	11 - 4 1306 OV	sences Jan /6	cither

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7601 Sandy Spring Rd. Laurel, Md

STATE OF MARYLAND

FOR



- STATE

REGISTRAR

Prince Georges 120 USUTA OCCUPATION 12b. KIND OF BUSINESS OR Hospital 130 6322 Patterson Street Vallandingham ADDRESS Charles C. Church Same as #13 (Husband) APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CANDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 224 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/26/82 Ft. Lincoln Cem. Burial Brentwood P. GIUNIY Maryland "Francis Gasch's Sons Funeral Home. P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S GNATURE DHMH - 16 50M 1/B1 (VRA 15, 4) Hvattsville, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

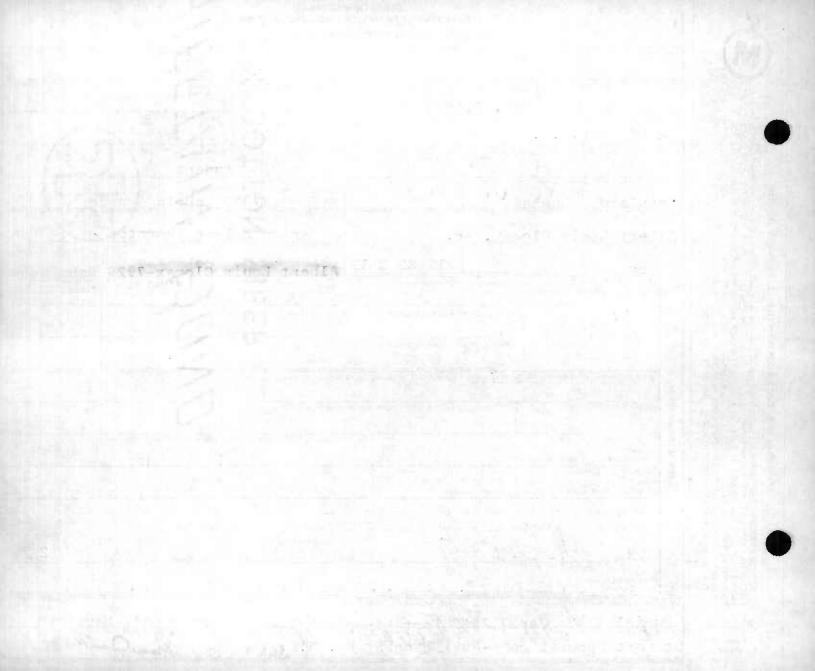
REG. NO.

2b HOUR

IF UNDER 1 YEAR

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(bredain) Eff on end down	Charles C	err to are		оИ
January 18, 182 Inc.		MET= VERN	en)	
miletan .a. line amusi Alica Alica A	.w/ sfeed.	frincist lone,		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Albert DEATH MATED Clomax, Jr 82 Louis 19 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS YEAR DATE 7d HOUR MONTH DAY LAST BIRTHDAY PRONOUNCED male black DEAD 82 Oct 1964 76. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Washington, D. C. □ Prince George County WIDOWED DIVORCED AND 3 TO THE FURTHER PAGE 5 HOULD BE FILED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a. USUAL OCCUPATION (TYPE OF WORK 176. KIND OF BUSINESS OR INDUSTRY Lanham Doctor' Hospita TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WHITIN AS TROUGH SACEST, 2, AND 3TO EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING" IN PARCIL IN ITEM 18, GIVER AGES, 1, 2, AND 3TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN POR THE STAND 2 SHOULD BE USED AS A BURIAL - TRANSIT FERMIT. PAGES 1, AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Student USUAL RESIDENCE 14 IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e. STATE 136 COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7929 Maryland Echols Avenue anham 14. FATHER'S NAME MIDDLE LAST Albert Marion Helene Thornton Louis Clomax 16a WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT 212 82 2813 Albert Louis Clomax-7929 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Lanham, Md APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Carnio cerebral injuries IMMEDIATE CAUSE (o)-DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 10. 150M 12/24 1981 riding hood of moving vehicle /fell off THE PLACE OF INJURY (AT HOME 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK street BraesideDr&KeeWatinRd.Lanham.PrinceGeoCo.MD 22a. I certify that I took charge of the remains described above, held on death resulted from Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER ACTUAL 1/4/82 SIGNATURE EXAMINER'S NAME Hormez R. Guard.M.D. Penn Street, Balto.MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, SEMOVAL 23 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CHONTY (SPECIFY) STATE BP Brentwood. Maryland 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 15M2/80



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 2 0 2 4

		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO.				
	(TYPE		PORU	5	₩	C	SLEMA	M	20. DATE OF DEATH MONTH	1 13	1982	26 HOUR	PM PM
	1. SE	. Female	1	White		5 DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MON MON	INDER I YEAR	IF UNDER 2.	HRS MIN
35		RTHPLACE (STATE OR COUNTRY)	FOREIGN 7		WHAT COUNTRY?	8	D X NEVER MARR	RIED 🗆	9 BALTIMORE CITY OR CO	UNTYOF	DEATH		MD
36	0. C	Clinton		South	OSPITAL, NURSIN	IG HOME (or other institut	ION	THE THE CONTROLS ITYPE OF WORK FOR MOST OF WORK Sales	ING HEET	Mikimyor Industry Depart		SOR
34	13a. S	AL RESIDENCE (IF NURS STATE Md	13b COUNT Prince	Y	13c. CITY OR TOW	N	13d INSIDE CITY LI YES NO	IMITS?	13e STREET ADDRESS 6209 Joyce D	rive			
20		William	E. Gri		LAST	1		ttie	B. Baseman	- 20	LAST		
1		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	215 09 5		W. Lee (Colem	an Same				
		PART I. DEATH W	H (Enter only (AS CAUSED IMMEDIATE	BY: CAUSE (a)	RES	BIB	ATOR	VF	ALLURE		BETWEEN O	MATE INTERVA	UTE
	100	Conditions, if ony, gave rise to improve (a), stating	nediote ng the	(b)	SERDI A CONSEQUE	050	E OV.		LES WIT	_	19	HOM	VTH
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a											
2	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? ZOB. IF YES, WE IN CERTIFYING								ERE FINDING CAUSES	GS USED OF DEATH	?	
9	MEDICAL CE	21g. ACCIDENT WAS UNE OR CONTRIBUTION (IF EITHER NOTIFY MEDI 21d INJURY OCCUPE	CALEXAMINER)	P.A	VAND S	¥ 19		VOCCURRI	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1	OR PART 2)		
	ME	WHILE AT WORK AT WO	ME	21e. PLACE C	VENCTO DE NO F	VETE -	21f. LOCATION STREET		CITORIOWN	-7 5	COUNTY	STA	TE
		27a I certify that (I) sow the decease abave, (I) (1997) (c) 27b SIG	ed alive an_	TAL	13 19		od that in (my) (com)	pintan d	eoth accurred on the date one	hour an	d fram the c		+ last ed
		22d. PHYSICIAN'S NA	AME (TYPE OR F	PRINT)	leav	nh	7/ // ATTEN	IDING ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN]	1//	3/8	32
	23a B	AIRTHI	REMOVAL S	SHA L	IER 9	JIZ /	10 9 EMETERY OR CREM	131	123d LOCATION	TON	IM	0 20	735
	24 FL	Burial UNERAL DIRECTOR		1/16/8	32 Me	eadow	idge Mem	Pk.	CITY OR TOWN	GISTRAR		Md STAI	TE D
	В	urgee Fune	ral He	ome 36	31 Falls	Road	21211	JA	11 4 0 1000	PLEO	Jean!	Karisa	100

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

REGISTRAR

Ella

136 COUNTY

lost

4. RACE

George'

MIDDLE

(IF YES, GIVE WAR OR DATES)

Mae

76 CITIZEN OF WHAT COUNTRY?

White

U.S.A.

21b. TIME OF INJURY

P.M

21e. PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22

MARRIED NEVER MARRIED

17 INFORMANT

1910

DIVORCED

COOLEY

DATE OF BIRTH

MONTH

August

WIDOWEDXX

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Doctors' Hospital of P.G. County

Greenbelt

Mossburg

& SOCIAL SECURITY NO

220-32-6299

REG. NO

20 DATE OF DEATH

January

homemaker

AGE (IN YEARS LAST BIRTHDAY)

1982

26 HOUR

BALTIMORE CITY OR COUNTY OF DEATH

Prince George's County 12b KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20 H Ridge Road YES K NO

15 MOTHER'S MAIDEN NAME MIDDLE unknown

^{17 INFORMANT} Carolyn Fink, daughter 5020 Laguna Rd., College Park, Md. 20740

ARDIOPULMUNARY ARREST ORONALY ALTERY DISTANT DUE TO, OR AS A CONSEQUENCE OF

ONTRIBUTING IO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20n AUTOPSY? NO

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

21f. LOCATION AT HOME STREET, FACTORY, OFFICE FARM ETC)

25a. DATE REC'D. BY REGISTRAR 25h REGISTRAS STOPPENDE

CITY OR TOWN

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

1/7/82 Removal

231 NAME OF CEMETERY OR CREMATORY

DEGRE

COUNTY STATE

22¢ DATE SIGNED

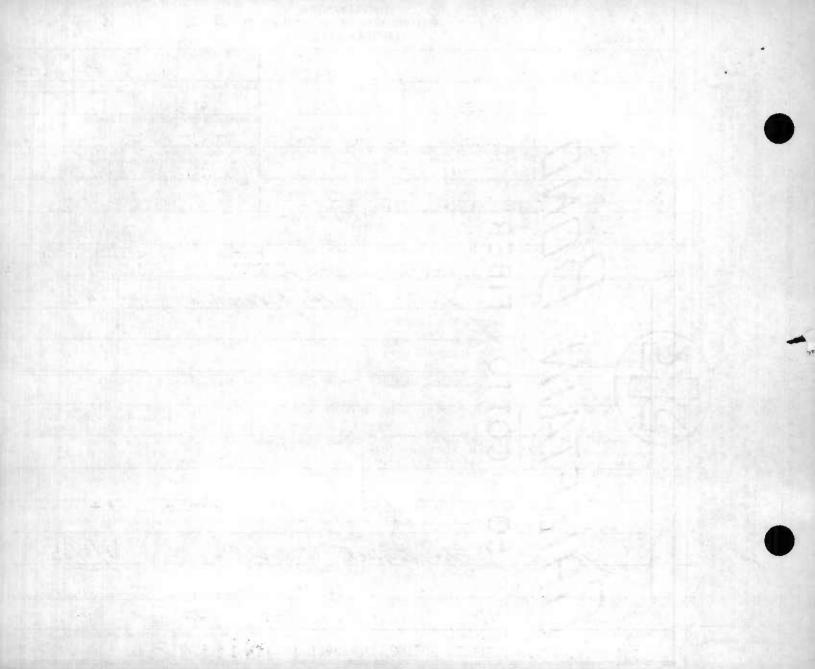
24 FUNERAL DIRECTOR

ADDRESS

Anatomy Board

Balto., Md.

Isvecal .bit ..ogist



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH 76 HOUR January 20, 1982 A. CORBIN 7:30AM S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) White May 18, 1907 74 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. PRINCE GEORGE'S WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL Homemaker Own Home 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? College Park 9702 Autoville Drive YES X NO IS MOTHER'S MAIDEN NAME Roewer Amelia Gelz Horn ADDRESS Address Same as 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATEST 578-03-2508-B # 130 John Lee Corbin 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (0) manily	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YES T NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH LIF EITHER NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 71a. PŁACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN

WHILE AT WORK NOT WHILE (his hospital) oftended the declased from sow the deceased alive on obove, (I) we did did not view he body after death Tour opinion death occurred on the date and hour and from the causes stated

ATTENDING 1 MEDICAL 274 PHYSICIAN DAME THE OF PRINT 22e ADDRES

6525 Belcrest Road - Hyattsville. Md. David J. Haidak, M.D. 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL Weaver Cemetery

Jan. 23, 1982

Rockingham

Louisa Virginia

22c. DATE SIGNED

STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

80

0

MPORTANT:

BP

(VRA 15, 4)

MEDICAL

226. SIGNATUI

Burial

FOR - STATE

REGISTRAR

MARCELLA

OUNTY

P.G.

MIDDLE

4 RACE

I. DECEASED NAME

Female

Maryland

4 FATHER'S NAME

William

70 BIRTHPLACE ISTATE OF FOREIGN

ID CITY OR TOWN OF DEATH

CHEVERLY

USUAL RESIDENCE (# NURSI

IYES, NO OR UNKNOWN)

TYPE OF PRINTS

3. SEX

Ohio

F. Gasch's Sons F.H. P.A. Hyattsville, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR STATE REGISTRAR

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MPORTANT, # IN

BP

DHMH-16 50M 7/77 (VR A 15 (4)) 6633

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

REG. NO.

2

/		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH D	DAY YEAR	26 HOUR
	(TYPE	SARA		E. COF	RNELIS	SON		1 15	81	7:53 Am
	3. SE)	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	200	FEMALE	Caucas	ian	Marc	ch 18, 1921	60	YRS.	AONIHS DAYS	HOURS MIN
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY		OF DEATH	
19	Te	nnessee	U.S.A		WIDOWE	DIVORCED DIVORCED	PRINCE GEO	RGE'S	COLINTY	MD.
3.		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
16		CLINTON AL RESIDENCE (IF NURSING HO	SOUTHER	H FACILITY, GIVE STREET A	ND HO	SPITAL	Secretary	y Bo	oard o	f Edu-
35	13a. S	ryland Pr	OUNTY	Clinton	4	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8913 Bal	llard		401011
	120,000	THER'S NAME	WEIGHT	LAST		15 MOTHER'S MAIDEN NAM			180	
0	S	am Barnett	massia.	5401		Rhoda Roge			1949	
1		VAS DECEASED EVER IN U.S	ARMED FORCEST	16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS	0.00	
	No	N/	A	414-14-	-5394	John Corne	elison - S	Same .	As #13	A-E
		IL CAUSE OF DEATH Ent	er only one course per			W. 1	77 - 50	The H		MATE BUTERUAL WARD GRATH
		PART I DEATH WAS CA	DIATE CAUSE (0)	Klynerol		Market			4	4.
		7140	DUE TO O	MS MONSEQUE	AF OF	1 .		1		7. 10. 25.
		Conditions, if any, which		mentities	0	Ken Deeles	2-		Kul	v -
		gave rise to immediat		R AS MOONS QUE	NEEDE	11.1		of the ori	1	100000
		underlying couse los		Kley	med	al Goldwitz		1	20te	pr.
8		PART 2 OTHER SIGNIFICA	INT CONDITIONS CO	INTRIBUTING TO D	EXIKTUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART	
	CERTIFICATION	Coagle	the H.	lat o	du	lead -				
de	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA			
2	TIE						YES NO NO		S [NO []
a	Ü	21a. ACCIDENT WAS UNDERLYIN	110110	FINJURY M. MONTH DA	V YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART I OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE O	or pearly		19					
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	PM STC	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	2	AT WORK AT WORK		LEI, TACIONI, OFFICE, FA	inn, Erc.)					VIAIG
		22a.1 certify that (1) (this I	/ // >	-	7464	. 19_7	, to		19 82	that (1) (e) lost
		sow the deceased aliv	e on view the body	ofter death.	. or	nd that in (my) (pr) opinion	death accurred on the d	ate and hour	and from the	couses stated
		TIR SYCHATURES		4 = 11		DEGREE			22c. DATE	SIGNED
		IPM	um F	0		ATTENDING PHYSICIAN	MEDICAL STA		1///5	182
1		27d PHYSICIAN'S NAME IT	USE OR MENTS		COL.	22e. ADDRESS				
1		D.P. CAN	2450 MD.			9131 PISCI	ATBL BY NO	CLIA	Tun, he	クシフェ
		URIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		emation	Jan.	18, 1982	Lee	's Cremator	v Washing	rtan	(DO 0)	Wither
	24. FL	INERAL DIRECTOR Lee	Funera	Home.	Inc.	250. DAT	E'REC'D. BY	ME HEGINT	PART SHEMM	URE
33	Q.	d Alexander	r Ferry 1	Rd. Cli	ntor	MD JA	14 10 1205		-	

Od Alexander Ferry Rd., Clinton, MD

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED JOEL. CORNETT R. 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER TYR 3. SEX IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED 08 Male Jan. 4, 1926 White 56 DEAD YRS TO BIRTHPLACE (STATE OR 75. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Washington, D.C. WIDOWED DIVORCED Prince George's IS CITY OF TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Greenbelt Serviceman Auto Indus. Greenway Court USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 113b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland P.G. Co. Greenbelt YES X NO 4-E Greenway Court 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST Joel Dundon Cornett Florence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT ADDRESS 5505 Joan Lane W.W.II 578-30-9721 Sister Temple Hills CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO 1712. AGE 3 SHOULD BE USE ATE DEPARTMENT OF YES NO TA 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK X FUNERAL DIRECTOR: Inspection 22a I certify that I taak charge of the remains described above, held an Autopsy Hamicide ___ Natural causes Suicide Undetermined manner TITLE (SPECIFY) Deputy MORE N MEDICAL EXAMINER EXAMINER'S NAME AMOUSTO P 5009 Rayburn Court, Temple Hills, Md. AFTER (TYPE OR PRINT) 23g, BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 236 NAME OF CEMETERY OR CREMATORY Burial George Washington Cemetery Adelphi P.G.Co. Maryland BP. 24 FUNERAL DIRECTOR **DHMH-17** Chambers Funeral Home (VR A15 ME (5) Riverdale, Maryland 15M 2/80

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE FIRST 26 DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINT page 3 CRAWFORD THOMAS GRADY IF UNDER I YEAR 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) E LINDER 24 MR MONTH Male White 1917 May 64 TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Tennessee USA Prince George's WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Post Office Electrician Cheverly Prince George Hospital USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 5819 Burgundy Street Pr Geo Capitol Hqt Maryland YES 🗍 NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDOLE Sally Crawford E B James Dave 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? medic IYES NO OR UNKNOWN) 412 24 8856 Dollie B Crawford #13 Same as No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: CARDIOPULMON Clars. IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED à N CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21f. LOCATION 5 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased from sow the deceased alive on _ , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (didi 226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TORRECTOR PHYSICIAN be det e State MPORTANT:

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 18Jan1982 Cedar Hill Cemetery Burial 24. FUNERAL DIRECTROBERT E Wilhelm Funeral Home

Maryland

22d. PHYSICIANA NAME (TYPE OF PRINT)

Suitland

Suitland

IVERPALE

23d. LOCATION

22e. ADDRESS

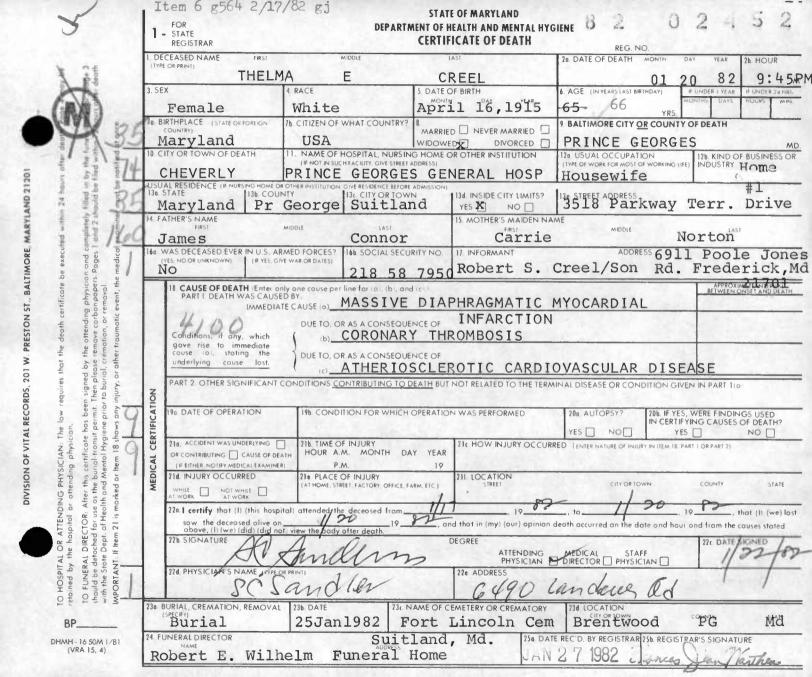
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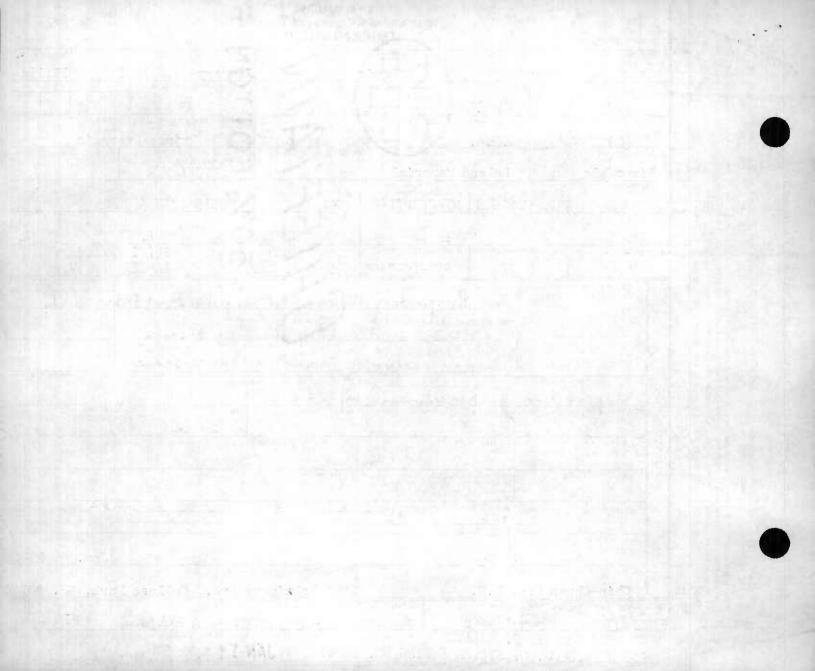


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(M)		CEASED NAME TE OR PRINT)	Jennie	Gar	rett	Cro	wther		20. DATE KE OF DEATH A	ESTI-	1 10	YEAR 19 82	Zb. HOUI
PAY BY DIRECT COURTS ON STRE	3. SE	A CONTRACTOR OF	RACE Caucasian	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UNIDAY) MONT		FUNDER 24	HRS. 2c. DATE PRONOUNC DEAD	, , ,	1 10	YEAR 19 82	3: 15
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		Grady		MIDDLE BU	Garrett		Isa	abel	MIDE	В	uford		
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DIVISI HIS CERT WRITING VARDED AGE 3 SI ATE DEP.	MEDICAL		CURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; PAFTER DEATH, MINT THE ST BALTIMORE, MARYLAND, 2	ر	22e. I certify deoth resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN'	AME Augus	sto P. Ro	driguez, M		TITLE (SPE Dep D.D. Dep	ecify) uty 09 Ray	Undetermined monn	er ,	OATE SIGNED 1/ ple Hi	2074	48
BP	Cr	emat io		1/12/82		ncolr	Cem.		Brentwo				ATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	6000 A	Deal	s Rd.,	Bowie, M	M4	25	DATE REC	D. BY REGISTRAR	256. REGISTRA		URE	Lithia .

Tenn. U.S.A. Ponemaker None Mary Lac Prince Grorge Howing x 4704 Recring Lace Grany Saul Garrett | Sabel --- 415-53-3504 Robert E. Crouther, 4705 Mercins Cremation 1/12/62 Ft. Lincoln Cem. Brentwood, Mackland 36=11 Fure 1 Mayo...

500 UNIV. BLVD. . W. . SILVER SPRING, MD. 20901

STATE OF MARYLAND



STATE OF MARYLAND

	OR PRINT)	ST MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HC
(,,,,,	L(DUISE	DEV	ILLE .		01-	10 82	7:
3. SEX		4 RACE	S. DATE O	OF BIRTH	6 AGE (IN YEARS LAST 8	RTHDAY	IF UNDER 1 YEA	
Fe	male	Black	3 Manti	21 21	60	YRS.	MONTHS BAT	HOURS
	THPLACE (STATE OR FOREIG	76 CITIZEN OF WHAT COL	untry? 8		9. BALTIMORE CITY		Y OF DEATH	
2.0	vland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED	PRINCE GE	ORGE 1	S COUNT	Y
10 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA		12b. KIND	
LISUA	CHEVERLY	PRINCE CH GEORG		RAL HOSP	Type of work for most Domestic	OF WORKING	LIFE) INDUSTR	Y
130. S1	TATE 13b	COUNTY 13c CITY C	per Marlb	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 15108 Peer		Avenue	
14 FAT	THER'S NAME	MIDDLE		15 MOTHER'S MAIDEN NA				_
	George	C. M	arshall	Vida	MIDDLE		Stew	art
	AS DECEASED EVER IN U.	S. ARMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	1510		rless A	TEAMI
	No	Unkno	own	William DeV:			lboro.	
	18 CAUSE OF DEATH (En PART I. DEATH WAS C	iter anly ane cause per line far (a)	, (b, and (c)	6	4		APPRO	XIMATE IN
	Conditions, if any, while gave rise to immedia cause (a), stating II underlying cause late.	te he DUE TO, OR AS A COI	NSEQUENCE OF	liale.	A			
rion	gave rise to immedia cause (a), stating the underlying cause landerlying cause landerly in the cause of the c	ch (b) (b) DUE TO, OR AS A COI	NSEQUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR COM	NDITION G	IVEN IN PART I	ła
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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME LAST 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) TONY 82 DEVO 01 29 6:15PM 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Male Caucasian April 1904 TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXX COUNTRY) PRINCE GEORGE'S COUNTY Venezuela WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL 134 COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4808 Kansas Avenue, N.W. Washington 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles Devo Futin Nimnum 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 11,000 Easecrest Dr. 17. INFORMANT Nephew LYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) No 579-05-0479 Silver Spring. Md. 20902 Edward M. Younes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 00 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (the hospital) attended the deceased from § 2, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceosed olive on obove, (1) (we) (did) (did not) view the body ofter deot 226. SIGNATURE ATTENDING MEDICAL MPORTANT: DIRECTOR PHYSICIAN 22e ADDRES FREDERICK WILHELM M.D. 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) STATE Glenwood Cemetery Feb. 1. 1982 Washington. 24 FUNERAL DIRECTOR Francis J. Collins, DDRESS DHMH - 16 50M 1/81

500 University Blvd. W. Silver Spring. Md.

FR21:3 KF ET 13 CHEVERLY PRINCE GEORGE'S GENERAL POSPITAL FREDERICK WILLELM M.D. THE STATE AND SERVICE

	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 2	45/
		CEASED NAME FIRST		AIDDLE		IASI	20. DATE OF DEATH		AR 2b HOUR
	,,,,	UMBERT	0		DI F	RANCESCO	4	01-09-82	9:30AM
	3. SE	X	4. RACE		5. DATE C		6 AGE IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
		Male	White		9-1	10-1895 YEAR	8	36 YRS	DATS HOURS MIN.
7	7a. B	COUNTRY) Ttaly	U.S.	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C		
4		CHEVERLY	PRINC	E GEORGE	S GEN	ERAL HOSP.	120 USUAL OCCUPAT LIYPE OF WORK FOR MOST O Ret. Globe	ION 12b. KI DEWORKING LIFE) INDUS Cleaner	NO OF BUSINESS OF
3	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUN Pr.	OTHER INSTITUTION OTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Mt. Rair	ADMISSION) N nier	130 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 3827 -	34th St	reet
3	14. F/	ATHER'S NAME FIRST John	MIDDLE DE	Frances	sco	15 MOTHER'S MAIDEN NA/		(Unkno	own)
1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	577-05-		Rose DiF	ancesco	Sa (Wife) Ab	ame As
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OF		REPE ENCE OF	1	R ACCI LMONARY PEPES	DONT	PPROXIMATE INTERVAL MEEN ONSET AND DEATH
	NOIL	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	DNTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN PA	RT I(o)
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		A. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAI	RT 2)
-	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (OF INJURY EET, FACTORY, OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR TO	wn count	TY STATE
-	13	22a 1 certify that (1) (this haspi saw the deceased alive an above, (1) (we) (did) (did no	1- 8	10 8	12.0n	v 26 , 19 X	, to the do		that (I) (we) lost the couses stated
1		22b. SIGNATURE	Lal	holi	1	ATTENDING PHYSICIAN	MEDICAL STAF		ATE SIGNED

22e ADDRESS

Lincoln Cem.

23¢ NAME OF CEMETERY OR CREMATORY

BP_____ DHMH - 16 50M 1/B1 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

or offending physician

retained by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in be should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be filled to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exam

24 FUNERAL DIRECTOR
NAME
Nalley's F.H.Inc. Mt. Rainier, Md.

1-13-82

23b. DATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

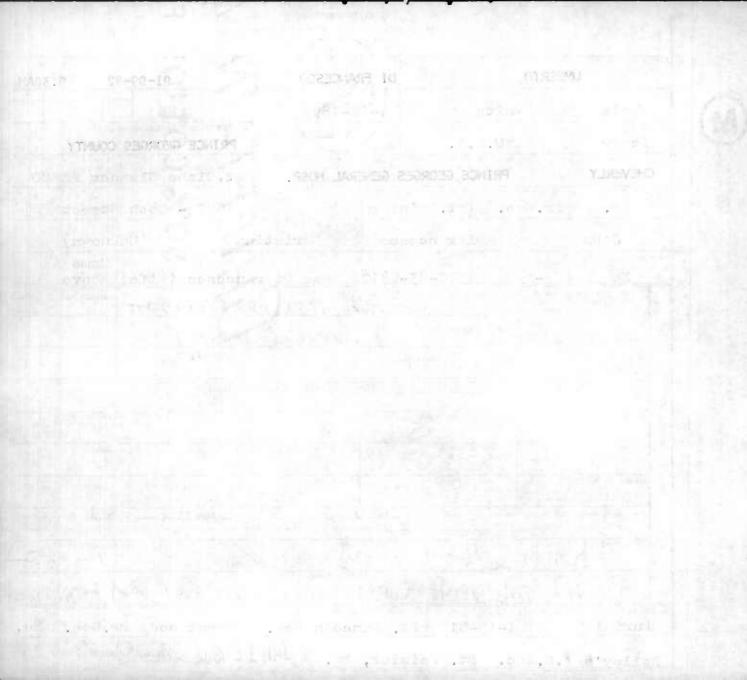
230 BURIAL, CREMATION, REMOVAL Burial

JAN 18 1982 REGISTRAR 25 REGISTRAR'S SIGNATURE

Pr. Geo.

Md.

23d LOCATION
CITY OR TOWN
Brentwood



hand dread CIPMI | galler on only or here . T. I blind very A THE STREET STREET STREET 28-21-1 CH My Line Company CYRUST DATED HALL HELLE CHOP HILL HO best a unerel decem, and keler, then yeard a total a come farance and

14501 Livingston Road Merrill ADDRESS 008-03-1436 Christine H. Dole same as 13 CONTRIBUTING TO DEATH BUT NOT BRATED TO THE TERMINAL DISEAST OB CONDITION OF WIN BOILT IS: 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death outsided on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Cremation 1-6-82 Washington, Lee Crematory 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Huntt Funeral Home, Waldorf, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

IF UNDER I YEAR

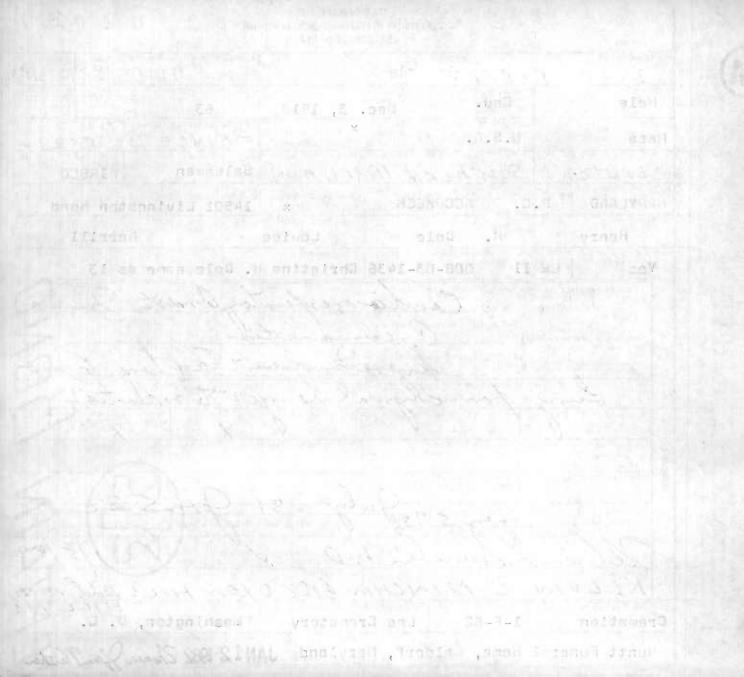
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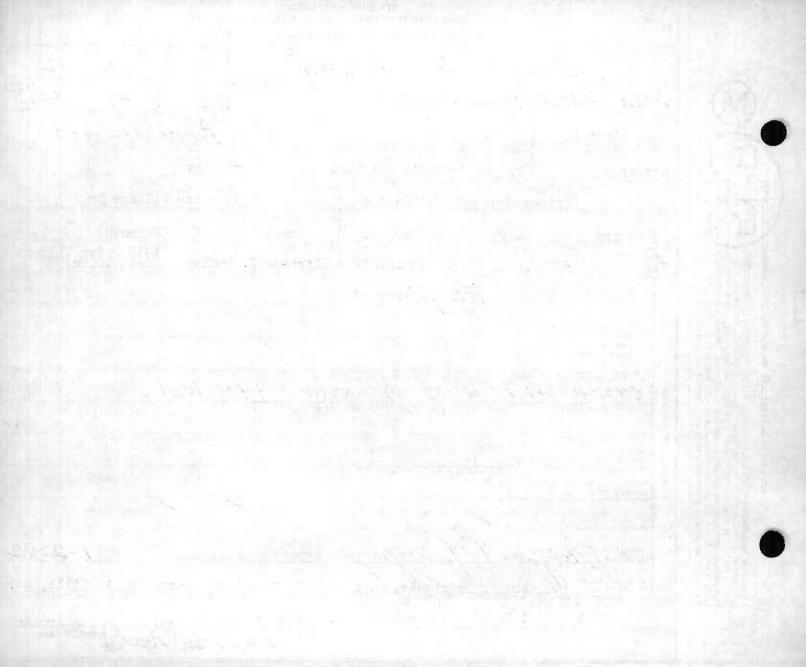
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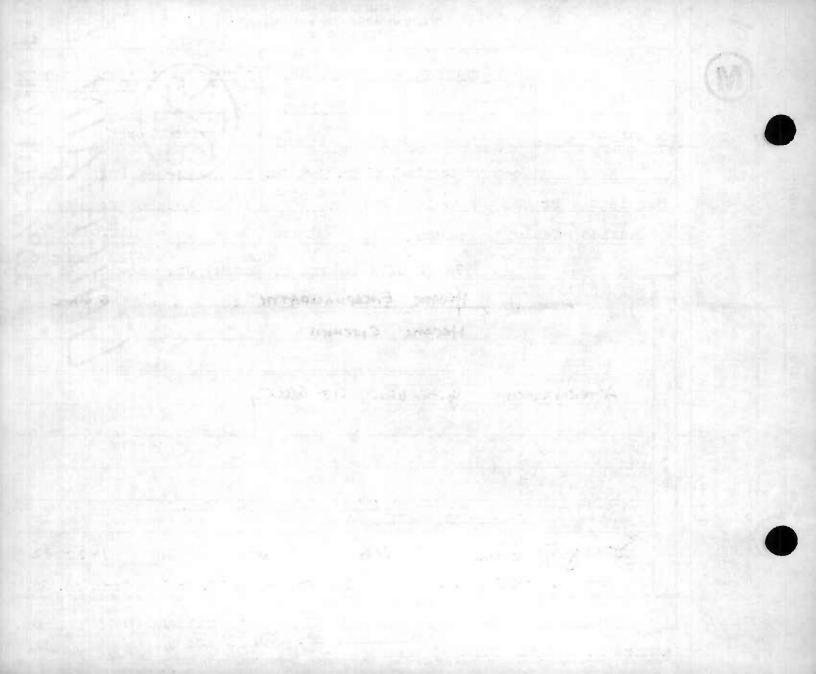
REGISTRAR



-			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	0 0 0	6 0
5	1-	FOR STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF	/20 1014	-3 0 0
	1. DEC	CEASED NAME E OR PRINT)	Iward H. Dudley	20. DATE KNOWN MONTH OF ESTI- DEATH MATED []	DAY YEAR 26 HO
	3. SEX	Male 13/a	5. DATE OF BIRTH MONTH DAY YEAR 10-21-24 ST BIRTHDAY MONTHS DAYS HOURS MI	PRONQUINCED / - 2/	1827p
5	FO W €	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED ☑ NEVER MARRIED WIDOWED ☐ DIVORCED	1 prince (200	79 x3 " 1
	Ch	TY OR TOWN OF DEATH	(FNOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's Hospital	B. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 3ricklayer	OR INDUSTRY
)	13a. S	ID I36.	nce Georges Hyattsville YES M NO □ 19	e STREET ADDRESS 1935 Dutch Village I	Drive
1		ther's name First Edward	MIDDLE Henry Dudley Sr. ARMED FORCES? 1160 SOCIAL SECURITY NO. 117 INFORMANT	(Unknown)	LAST
	16a. ∨ Y∈	8	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 150 12/24/52 233442832 Elfriede I. conly one couse per ine for (p), (b), and (c).)	Dudley Hyattsv	tch Village ille, MD
7 6 4 23	NO	Canditians, if ony, gave rise to imm cause (a) stating the lying couse last.	ote / (b)	fore head.	
1	CERTIFICATION	190. DATE OF OPERATIO	196. CONDITION OR WHICH OPERATION WAS PERFORMED?		20 AUTOPSY? YES NO
2	MEDICAL CER	216. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU 216. INJURY OCCURRED WHILE NOT WH AT WORK AT WORK		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART CITY OR TOWN COU	
		27a. I certify that I too death resulted I ram: ACTUAL SKINATURE	guild Paligue M.D. Deputy	Undetermined monner MEDICAL EXAMINER DATE SIGNED	01-2287
	23a. B	(TYPE OR PRINT) URIAL, CREMATION, REMISSEE(IFY) Burial	1/26/82 Maryland Nat. Veterans	yburn Court, Temple 23d LOCATION Cheltenham.	state Marylan
	24. F	UNERAL DIRECTOR () L	NS FUNCKAL HUME, INC. 250. DATEREC 250. DATEREC	TO. BY REGISTRAR 256. REGISTRAR'S S	ICNATURE



						STATE	OF MARYL	AND			TOTAL TA	
	1.	FOR STATE REGISTRAR			DEPARTA		CATE OF	MENTAL HYG DEATH	IENE BREG. 1	VO .	0 2 -	, 0
		OR PRINT	FIRST		MIDDLE	T)	ST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
			ROBEI		FRANKLIN		EAGEN,	Sr.	JANUARY	21	1982	3:00A
	3. SE	Male		White	9	5. DATE O	DAY	1907	6 AGE (IN YEARS LAST B	HRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
35	7e. 8	RTHPLACE (STATE OR COUNTRY) Maryland		OF CITIZEN OF	WHAT COUNTRY?	8	NEVER	MARRIED	9. BALTIMORE CITY	OR COUN	orge's	
83		TY OR TOWN OF DEA	HIV	(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET S HOSPIT	IG HOME O	R OTHER INS		120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING	12b. KIND C INDUSTRY	Md & Plar
35	13a S M	AL RESIDENCE (IF NURS STATE Aryland THER'S NAME	136 COUN Pr	OTHER INSTITUTION TY	Bowie	ADMISSION)	13d. INSIDE C		13e. STREET ADDRESS			
6	14.77	Charles	Wes	ley	Eagen			Grace	WIDDIE		Norfo	k
1		vas deceased ever ves, no or unknown) No		MED FORCES? WAR OR DATES)	578 42		17. INFORMA	S	on Eagen, J		4722 Ra Bowie,	msgate Md 20
	NOI	PART 2 OTHER SIGN	nediate ig the last.	(b)	OR AS A CONSEQUE	C C	NOT RELATED		INAL DISEASE OR COP	NOITION (GIVEN IN PART 11	a
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CER	YES, WERE FINDIF TIFYING CAUSES YES []	NGS USED S OF DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR!	CAUSE OF DEAT CAL EXAMINER)	P. 21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY OFFICE, F.	19	21s. HOW IN	011	ED (ENTER NATURE OF INJ		(COUNTY	STATE
		220.1 certify that (I) saw the decease obove, (I) (we) (c) 221 IGNATURE 224 PHYSICIAN'S N.)	(this hospited of olive on additional)	Januar view the body	otter death.		ed that in (my) EGREE 22e ADDRES	ATTENDING PHYSICIAN (**) SS	to Tan. death occurred on the o	AFF ICIAN [22c. DATE	SIGNED
		Barry URIAL, CREMATION, SPECIFY) Cremat INERAL DIRECTOR NAME	REMOVAL	pstein,	11982 C	edar ^I	METERY OR	CREMATORY Cremato	23d LOCATION Dry CHYOTOWN Suit]	land	COUNTY PG	STATE Md



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10	1-	FOR STATE			DEPARTMEN				512	0	2	. 6	Cus	
		REGISTRAR	FIRST	ME	DICAL EXA	MINEK		CATEO		REG. NO.				
100 90		CEASED NAME E OR PRINT)	FIK31		WIDDLE		LAST		OF	KNOWN X	MONTH DAY	YEAR	76 HOUR	
PLEASE ECTOR. FILES. HOURS			ROBER	ET C	ALVIN		WARDS		DEATH	MATED	1-18	1982	M	
SECE	3. SEX	4, 1	RACE	S. DATE OF BIRTH			UNDER 1 YR.	HOURS	MIN PRONOU	NCED	MONTH DAY	YEAR	8 H248	
ON 2 DER	MA	LE W	HITE	1-18-35	5 4		DATS	HOURS	DOAA		1-18-	182	PM	
RALL Y ALL		RTHPLACE (STATE	OR	76. CITIZEN OF WHAT COUNTRY?						BALTIMORE CITY OR COUNTY OF DEATH				
IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E. ES FOR YOUR PILES. ED, WITHIN 72 HOURS I.W. PRESTON STREET.		irginia		U.S.A.			OWED 🔀	DIVORCE		NCE GEO	RGES		MD.	
SH S	10 CI	TY OR TOWN OF	DEATH	11. NAME OF HOS	SPITAL, NURSIN	G HOME, OR	OTHER INSTITU	JTION	12a. USUAL OCCU		F WORK 12b. K	IND OF BUS	SINESS	
DELAY TOTH N PACE 105, 26	CH	EVERLY		PRINCE G	EORGES	GENERA	HOSPI	TAL		c Hardware				
ORDER DE	USUA 13a S	L RESIDENCE (IF II	N NURSING HOME O	R OTHER INSTITUTION, G	13c. CITY OR 1		JI3d. INSIDE (13e. STREET ADDR			Store		
21201 AND 3 AND 3 AND 3 RETAI		ryland	P		Lanha		YES W	NO [5530 La		ation 1	h so 9		
7. F. F. AL P. S. P. F. F. P.		THER'S NAME					15. MOTH	ER'S MAIDEN	NAME		a oron			
LAN SAT	Vi	ctor		A .	E.dw	ards	Mar	FIRST	A	AIDDLE	Ganne	LAST		
O A S O	160. V	VAS DECEASED E		MED FORCES?		ECURITY NO.	17. INFOR	V		ADDRESS6	715 Ner		Rd-	
URS AFTER DEATH. IF ANY DELAY IS NECESSARY, B. GIVE PAGES 1, 2, AND 31O THE FUNERAL DIR MITH FORM PM. 3. RETAIN PAGE, 5 FOR YOU! T. PAGES I AND 2 SHOULD BE PIRED, WITHIN 72 DIVISION OF VITAL RECORDS, 201 W. PRESTON	1	ES, NO, OR UNKNOWN		WAR OR DATES)	577.4	6-8445	Doro	thy C	Reaves		sville	-	1000	
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24 HO ITEM I ICONG PERM PERM GIENE		951	IMMEDIAT	L CAOSE (0)	AS A CONSEQU		THE	HEAD						
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TING THE WORD "PENDING" IN PENDING 10 PENDING 10 THE CAMIL OF 13 SHOULD BE USED AS A BURIAL - TR DEPARTMENT OF HEALTH AND MENT I PRIOR TO BURIAL, CREMATION, OR	z	PART 2 OTNER SIGNIF	ICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL OF	SEASE OR CONDITIO	ON GIVEN IN PART	1:0					
- CASE	5	19a DATE OF OP	PERATION	IIII CONDI	TION FOR WHIC	HOPERATION	J W/AS DEDECO	PAAED 2			Jac			
CHIEF CHIEF TOF HI	FICA			170 CONDI	HOW WORK	OF ENATION	TAN PERFOR	WHED:			20	AUTOPSY?		
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RETINGRADED SE 3 SI	MED	WHILE		STREET, FAC	OF INJURY (AT TORY, FARM, ETC.)	HOME. 211	LOCATION		CITY OR TO	WN	COUNTY		STATE	
TE, WRITI			T WORK	^ CEMET	ERY:MD.	VETERAL	I/BOX	10 RT.	301.CH	ELTENHA	M. PR. GI	EORGES	MD.	
OATE, W FORWA OR: PAC HESTAI		22a I certify t	hat I took charge	e of the remains de			topsy .	Inspection	L		in my opinion			
E CERTIFICATE, DULD BE FORV L DIRECTOR: F H, WITH THE S' MARYLAND,		death resulted f		ol couses	Accident	Suicide			Undetermined m		., -,			
EXECUTE THE CERTIFIC PAGE 4 SHOULD BE TO FUNERAL DIRECTS AFTER DEATH, WITH THE BALTIMORE, MARYLAIL			11	1.0	1	/		SPECIFY)	odererining in	٠و، ا				
¥. NO GEC		ACTUAL SIGNATURE	Mugue	570 X	odige!	10%	M.D. DEPI		MEDICALEVI	AINIED	DATE SIGNED 1	19_99		
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PASS A	port.	EXAMINER'S NA (TYPE OR PRINT)	MAUGUST	O.P. ROD	RIGUEZ,	M D	ADDRESS	E000 D	AVDUDAL	T CAMP	CDDTH	CC 1400	0.71.0	
PAGE AFT	23n RI	JRIAL CREMATIO					Y OR CREMAT		AYBURN C		SPRING	oS,MDZ	11/48	
	(5	PECIFY)		Jan. 21, 19					23d LOCATION CITY OR TOWN Chelter	ham	P.G.	Maryl	and	
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1-18-82

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NUCLETA P. RODRICUEZ,M.D. SDAR FAYBURK CT. CAND SPRINGS, NORS

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Female Naite Cot. 11, 1902 73

Illinois X second Second Stranger Angustu Conn Stranger Angustu Lock

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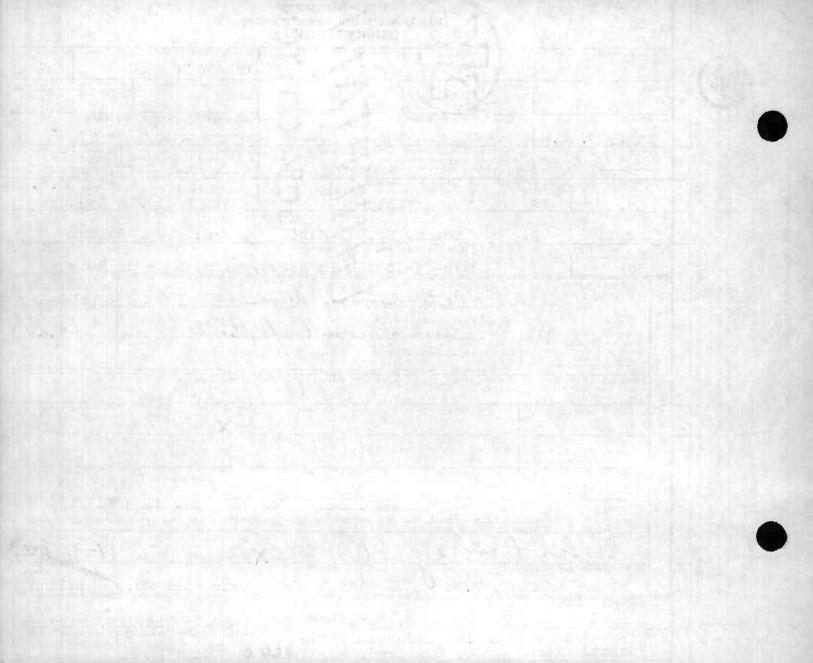
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			REGISTRAR		WE		XAMIN			CATE OF	DEATH	REC	G. NO.			
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NECESSARY, PLEASE UNERAL DIRECTOR. S FOR YOUR FILES. WITHIN PHOURS W. PRESTON STREET,		fe:	male	4. RACE white	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER 24	IN PRON	DATE HOUNCED DEAD	MO	1-18 DAY	YEAR 82	24 HOUR 2:30
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PAGE S	00		ILVER S		8500 NEW		SING HOME REELADDRESS) HIRE	OR OTHE		PT. 213	O USUAL O	CCUPATION F WORKING LIFE	(TYPE OF W	O	126 KIND OF BUSINESS OR INDUSTRY Medical	
MD. 21201 TH. IF ANY DE 1, 2, AND 3 T M. 3. RETAIN M. 3. RETAIN M. 3. RETAIN	35	JSUA 30 ST	L RESIDENCE	(IF IN NURSING HOME O	or other institution, girty ce Geo.	113c CITY	OR TOWN		13d. IHSIDE C L g es 🗀	ITY LIMITS? 130	e, STREET A	DDRESS New 1	Hamp	shire	Ave	2.
RE, MD. XEATH. IF SES 1, 2, A PM 2 SI, A PM 2 SI, A PM 2 SI, A PM 2 SI,	600		THER'S NAME FIRST Tnest		MIDDLE L.	MIDDLELAST			15. MOTHE E 1	ER'S MAIDEN I	NAME	WIDDLE		Ril	Ley	
HOURS AFTER DEATH. IF ANY DELAY IS NECES. M. 18. GIVE PAGES 1, 2, AND 31O THE FUNEX. NG WITH FORM PM. 3. RETAIN PAGE 5. FOR RANT. PAGES 1 AND 2. SHOULD BE FILED. WITH FINE, DIVISION OF WITAL RECORDS, 201 W. PREF. MI.		60. W (YE: N O	AS DECEASED 5, NO, OR UNKNO		MED FORCES? WAR OR DATES) A		07801		Anna	n1	ece- e-560	ADD 1 Set	mina	ry Ro	111s	Ch.
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CORDS, 2 BE EXECU NDING" II NEDICAL E NEDICAL EL	REMATIO	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
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SION OF VI	PRIOR TO BUT	CALCER	UNDERLYING	L CAUSE WAS OR NG CAUSE OF I	216. TIME OF HOUR A.M DEATH P.M	MONTH	DAY YEAR		W INJURY	OCCURRED (ENTER NATURE	OF INJURY IN ITI	EM 18 PART 1	OR PART 2)		
#347	100	MEDI	214 INJURY C	NOT WHILE C	21e PLACE (OF INJURY IORY, FARM, ET	JAT HOME, C.)	21f LOC	ATION		СПУ	OR TOWN		COUNTY		STATE
AL EXAMINER: HE CERTIFICATE HOULD BE FORM	TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		220. I certif death resulte ACTUAL SIGNATURE _		ral causes ,	Accident		Autaps	Hamic		Undetermine			my apinian ATE 1-1	18-82	
MEDIC ECUTE 1 GG 4 SI OF FUNES	2 may 2		(TYPE OR PRIN			IGUZZ	M.D.		5 ADDRESS_	009 RAY	BURN	CT. CA	AMP S	PRINGŞ	0748	D
BP		B	urial	ION, REMOVAL	1-21-82	9 12 23	eenla		emet	ery		sbur			7a. 514	ATE
DHMH - 1: (VR A15 ME 15M 2/80	(5))	Co	NAME Ionia	1 Funer	al Home-	Fall	s Chu	rch,	Va.	250. DATE REC	A har a	21.11.11	REGISTRA	R'S SIGNAT	UDE	<u>.</u>

1-5 West Virginia . D. S.A. laryland Crinca Con. . "True Sering in 1500 was Bunnehited Ave. The roomings come to land to the fact of t L-31-07 (Gracelleur Comerces Claubelleur) Test 73. Coloridat Francisk Effice-Frille Chirch, TA. . will a dear Internal Astrology

Rd., Suitland, Md.

(VR A 15 (4))

Funeral Home



		FOR		D			MARYLAND HAND MENTAL H	IYGIENE	()	0 :	> 4	6 6
D		STATE REGISTRAR		MED	ICAL EXAMI	NER'S	CERTIFICATE C	F DEA	TH REG.	NO.	100	
		CEASED NAME	FIRST		MIDDLE		LAST	2	OF ESTI-		H DAY Y	EAR 26. HOL
			CHARLE		D.		EVERD		DEATH MATED	1		82
l	3. SEX	4. RA	CE	5. DATE OF BIRTH	6. AGE (IN		HS DAYS HOURS	24 HRS. 2	RONOUNCED	MONTH	DAY	YEAR 2d HOL
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	FO	REIGN COUNTRY) aryland		USA			TIED NEVER MARR	IED L		_		
ŀ		TY OR TOWN OF DE	ATH	11. NAME OF HOSP	ITAL, NURSING HO	WIDO\		12a USU	Prince C	TYPE OF WORK	12b. KIND C	OF BUSINESS
		Cheverly			ILITY, GIVE STREET ADDRESS		osp. (DOA)	Unic	ost of working life) on Organi	zer	Uni	ON
	USUA 13a. S	L RESIDENCE (IF IN N	URSING HOME OR	OTHER INSTITUTION, GIVI	RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CITY LIMITS?					
	Ma	ryland	Princ	ce George	Laurel		YES NO 13	129	et address 09 Laurel	Bowi	e Road	
		THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
				eph M. Eve	erd				Ruth Kel	ler		
	16s. V	VAS DECEASED EVER	(IF YES, GIVE W	ED FORCES?	166. SOCIAL SECUR		17. INFORMANT		3016 GOZ	t Hil	1 Road	
ļ		No		•	220 62 36	37	Georgia B	eard	Bel Air,	Mary		
۱		18 CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED	one couse per line f BY:							BETWEEN	ONSET AND DEAT
		0151	IMMEDIATE	CAUSE (a)	Multipl AS A CONSEQUENCE		uries					
	7	Conditions, if		DOL 10, OK 2	S A CONSEQUENCE	. 01						
		gove rise to cause (a) statin	g the <u>under-</u>	DUE TO, OR A	AS A CONSEQUENCE	E OF						
		lying cause last	<u>.</u>	(c)								
	z	PART 2 DTHER SIGNIFICA	NT CONDITIONS <u>C</u>	DATRIBUTING TO DEATH BE	UT NOT RELATED TO THE TE	RMINAL DISEA	E DR CONDITION GIVEN IN PA	RT I a .				
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	~	WHILE NO	NORK 🔛	roa		R†	, 197 at Je	richo	Park Rd.	.,Pri	nce Geo	orge's
				af the remains desc	ribed above, held an	Autoj	osy X, Inspectio	n .	Inquiry .	and in my	opinian	Md.
		death resulted from	m: Noturo	ol copie	Accident X,	Suicide	. Homicide .	Undete	rmined manner].		
		ACTUAL	MAA	1hr/	h		TITLE (SPECIFY)					
		SIGNATURE	MAC	NY		^	A.D. Assistar	T WEDI	CAL EXAMINER	SIG		28-82
1		EXAMINER'S NAME (TYPE OR PRINT)	VA	nn M./Dix	on, M.D.		ADDRESS11	1 Per	nn St.			
	23a. B	urial, cremation,	REMOVAL 23	6. DATE 2-1-82	23c. NAME OF C		or CREMATORY Mem. Garden		cation altimore	Carre	DUNTY	STATE
		UNLEADJRECTOR	7	111-54	14119	*****		REC'D. BY	REGISTRAR 256 RE	GISTRAR'S	SIGNATURE	yrand
			Funera	1 Flore P	1407 Old	East		EB :	1 1002 2	7 1	7 01	71
ļ	7	TACILLADAL	r difer a	Tribling	TAOL OTO	- East	ern Ave. F	40	130011	lasers!	John 11a	200

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-HOWARD E. EWING 1982 4 RACE 3 SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS Zc. DATE 12:08 YEAR LAST BIRTHDAY) PRONOUNCED male 10-21-27 white doa BEAD 1982 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Indiana WIDOWED DIVORCED PRINCE GEORGES CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY CLINTON SOUTHERN MARYLAND Retired HOSPITAL US Air Force JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4907 Md. Pr. Geo. Temple Hills YES X Cleveland Ct. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Ora Ewing Edith M. Dragoo 17. INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) 317-20-1656 Georgina G. Ewing same as item 13 ves 1915-1968 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL AS A BURIAL - TRANSIT PERMIT ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) HEMRRHAGE with ASPIRATION DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which THROAT CANCER gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Y BE DEPARTMENT CATE, WRITING ... FORWARDED TO THE CANAMARDED TO THE CANAMARDED TO THE CAMEN 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. II LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEALD DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAULIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Accident Natural causes Homicide Undetermined monner TITLE (SPECIFY) DEDUCY MEDICAL EXAMINER EXAMINER'S NAME . Rodriguez. 5009 Rayburn Court, Temple Hills, usto (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 1/20/82 Arlington Burial Arlington National Cem. Va. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE **DHMH-17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A15 ME (5) 15M 2/80

The Lane noto the second of the second e. dec. compare interest of the velocity of the velocity. op: mi 37-20-1030 Secretary W. Milar edge es item 13 motivate . The Longton internal second of the tour U.P. Molice 61 C Cyc Lill Md. Cych Hill, Nd. ... LN . a lynd di TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be tilling with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the medical

					STATE	E OF MARYLAND	0 5	0 1	7	6 9
	1-	FOR STATE		DEPARTA		EALTH AND MENTAL HYG	IENE 8 2	U a	in a	0 0
		REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST		DDLE	L	A51	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		LIESELOTTE	VO	N G.	FI	NLEY	JAN 16, 1	982		7:54a м
	3. SE	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	FEM	IALE	WHITE		SEP	15, 1941 YEAR	40	YRS	HS DAYS	HOURS MIN
m		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	XX NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
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0	10 C1	TY OR TOWN OF DEATH		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		26 KIND OF	F BUSINESS OR
D	ANI	DREWS AFB				DICAL CENTER	HOUSEWIFE	T WORKING CITE, I (I	4D031K1	
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0		CYLAND CHAI	RLES	WALDORF		YES NOXX	2543 LISA	DR		
1	14. FA	THER'S NAME	MIDDLE	LAST	AL CO	15. MOTHER'S MAIDEN NA	ME MIDDLE			
	WAI	TER	VON GI	RAWBOWSK	I	EMMI	WIDDLE	WECHSE	LMAN	N
5	16a V	VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV	5 1444 B OB D 125551	66 SOCIAL SECU		17. INFORMANT	ADDRE	SS	9190	
人	NO.	res, NO OR DIRKNOWN) (IF 1ES, GIV	E WAR OR DATES)	508-70-	1379	CLAUDE FINLE	EY 2543 LIS.	A DR, WA	LDROI	F MD
		18 CAUSE OF DEATH (Enter on	ly one couse per l	ne for (a), (b), one	dien C	ARDIOPULMONAR			APPROXIA BETWEEN O	MATE INTERVAL
		PART I. DE ATH WAS CAUSE	D BY: 'E CAUSE (a)	Carilio	puln	conary Ar	rest		-	15 min,
		4194		AS A CONSEQUE	NCE OF	PROBABLE COROL	NARY ISCHEM	IA		
		Conditions, if any, which	((b)	probabl	0 (Coronary 1	schemia			
	3.4	gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF					
		underlying cause last	(c)							
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	V PART 11a	j k
	No.	Hypertensia	on	LIGHT					1,31	
1	ICA	190. DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WE	RE FINDIN	GS USED OF DEATH?
	CERTIFICATION						YES KK NO	YES 🗌		NO 🗌
0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		INJURY MONTH DA	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	EY IN ITEM 18 PART 1	OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M		19				3.5	
1	MED	214 INJURY OCCURRED	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN (COUNTY	STATE
		AT WORK AT WORK		Enistrate.						
		22a. I certify that (I) (this hospi sow the deceosed alive an	tal) ottended the	deceased from	0.0		, to _JAN_16		, em	that (I) (we) last
		abave, (1) (we) (did) (did na	t) view the body a	Iter death.		nd that in (my) (our) opinion o	death accurred on the de			
	(224 SIGNATURE	1.1			DEGREE ATTENDING	MEDICAL _ STAI		22c. DATE S	-
		Chlay (. m	yay, h	1		PHYSICIAN [DIRECTOR PHYSIC	IAN 🗌	14 3	Jan 82
	1	22d PHYSICIAN NAME (TYPE O		-0 To		22e ADDRESS				
		CAULAY CA				SAF MEMGMC		ROW USAF	MC,	AAFB, MI
	23e B	URIAL, CREMATION, REMOVAL	TOTAL DESIGNATION			EMETERY OR CREMATORY	23d LOCATION	EOI	UNTY	STATE
		Burial	1-21-	82 Ar	ling	Nationa	- 1119	ton	V	inginia
	24. FU M 2	preshall s Fur 217 9th St.,	eral H	ome ADDRESS	3	25e. DATI	REC'D. BY REGISTRAR	256. RESISTRARY	SIGNAH	M. Carlotte
	4	217 9th St.,	NW/Was	hington	, D.	C. 20011	TOCI OF THE	The market and	AND THE REAL PROPERTY.	

F. Gasch's Sons F.H. P.A. Hyatts. Md.

- STATE

24. FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

HOURS

12:30r

IF UNDER 24 HRS

NO [

STATE

Maryland

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	1	FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 2 0	2 4 7 1
death death	1 DE	REGISTRAR CEASED NAME FIRST FOR PRINT) JOSE	MIDDLE E.	FORD SR.	REG. NO. 20. DATE OF DEATH MONTH D 01-28-	AY YEAR 2b HOUR
000	3 SE		4 RACE	5. DATE OF BIRTH		-82 5:15
(BAII)		MALE	BLACK	APRIL 25.1907	74 YRS.	ONTHS DAYS HOURS
/MAN	-70. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
		MARYLAND	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGES	COUNTY
by the		CHEVERLY	PRINCE GEORGE	ES GENERAL HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LABORER	17b. KIND OF BUSINESS INDUSTRY CONSTRUCTIO
ould be	130	STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY 13c CITY OR TOW GEO'S. SUITLAND	/N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 2609 BROOKS DRIV	/E
and 2 sh	14 F.	ATHER'S NAME FIRST RICHARD BENJA	AMIN FORD	15. MOTHER'S MAIDEN NA FIRST MARTHA FO	WIDDLE	LAST
Poges 1		WAS DECEASED EVER IN U.S. AI (18 YES NO OR UNKNOWN) (18 YES, GI	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 577 26 7		ADDRESS 2609 E/DAUGHTER/SUITLAN	BROOKS DR.
by the attending physise remove corbonpop is cremotian, or removo cremotian attendent, other traumatic event,		PART I. DEATH WAS CAUSE /5 9 Conditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION O	ENCE OF Careinin	invading the Branches	APPROXIMATE INTERV. BETWEEN ONSET AND DI
hos been signed to the plea ene prior to buriol, one one prior to buriol, one	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? ZOb. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH
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ter this c is the bur h and Me rked or II	MEDICAL	ZId INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STA
DIRECTOR: At oched for use a Dept. of Heoltl f Item 21 is ma		sow the deceased alive as	oital) attended the deceosed from 19 oil view the Body after death.	DEGREE	death occurred an the date and haur	9, that (we ond from the couses state 22c. DATE SIGNED
should be deto with the State I MPORTANT: #		220 PHYSICIAN'S NAME TIVE Robert L.	C 1.00 -	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN DE	Cheverly pr
- 7 3 2	3	Burial, cremation, removal (SPECIFY) BURIAL	2/1/82 Lin	NAME OF CEMETERY OR CREMATORY acoln Memorial	73d LOCATION CITY OR TOWN Suitland P.G.	COUNTY STAI
6 50M 1/81	3	(SPECIFY) BURIAL	9/1/09	ncoln Memorial	Suitland P.G. TE REC'D. BY REGISTRAR IN HEGIST	. Md.

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STATE OF MARYLAND

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BP______ DHMH - 16 50M 1 (VRA 15, 4)

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	70 B	SIRTHPLACE ISTATE	iai	U.S.	VHAT COUNTRY?	WIDOWE		ED 🗆	BALTIMORE CITY C			MD.
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ner must b	130	STATE STATE	Prence	George	Hyallow	N	13d INSIDE CITY LIA YES NO	D 8	STREET ADDRESS	edak 9	mace.	Hyallwelle
4		Henry WAS DECEASED EV		D FORCES?	Freeman		FIRST E11		MIDDLE	FSS	Leste	r
nt, the medio		NO OR UNKNOWN)	[IF YES, GIVE W	AR OR DATES)	228-09-	5730	Dorothy	Travi	820	Allen	e. MD	errace
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huo smou	CERTIFICATION	19a DATE OF OPE	RATION	19h CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED		YES NO NO	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	GS USED OF DEATH?
Item 18 s	MEDICAL CE	210. ACCIDENT WAS I OR CONTRIBUTING [LIF EITHER NOTHY M	CAUSE OF DEATH	, P.A	A. MONTH DA	Y YEAR		OCCURRED	(ENTER NATURE OF IDUU	RY IN ITEM 18 PART	I OR PART 2)	
morked or	MED	AT WORK AT	WHILE D		ET, FACTORY, OFFICE, F.	ARM, ETC)	211. LOCATION STREET	74	CITY OR TO	wn	COUNTY	STATE
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MPORTANT: #		224 PHYSICIAN'S		BINT)	** 11W 11		1220 ADDRESS T	Annus	ruli Rival	: 14-10	Trille	MONTHU
		BURIAL CREMATIO (SPECIFY) Burial	100		32 Ha	armony	Memorial	Park	Landover			STATE
/81		UNERAL DIRECTOR		S FUME 9 HUNT	FIAL ADDRESS		G.	FEB	C'D BY REGISTRAR 8 1982	Z30, KEGISI RA	SIGNAT	Tare.

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		FOR			DEPART	MENT OF	HEALTH	AND ME	NTAL HY	GIENE	2	0 2	47	3
		STATE REGISTRAR		ME	DICAL	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEATH	REG.	NO.		
		CEASED NAM!	E FIRST		MIDDLE			LAST			ATE KNOWN	MONTH	DAY YEAR	2b. HOUR
	3. SEX		JOHN 4. RACE	It sair or allow		I. ACE AND A	GAZDA	YKA			ATH MATED	1-	23 1982	M
				5. DATE OF BIRTH	YEAR	6 AGE (IN YE LAST BIRTHD			HOURS /	MIN PRON	OATE	MONTH	DAT TEAR	11:00
	_	RTHPLACE (S)	MHITE	9-20-22	HAT COUN	1 1 1	RS.			4 700	ETIMORE CIT	Y OR COUNT	23 1982 14 OF DEATH	AM
5	FC	REIGN COUNTRY)	Ivania	U.S.			WIDOW		ER MARRIED					
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2	-	Md.	Pr.	Geo.	Bov	/ie		YES 🗶	NO 🗌	1220	ODRESS O May	check	Lane	
1	14. F/	Theod		MIDDLE		LAST		FIR	R'S MAIDEN	NAME	MIDDLE		LAST D: 1 1	
1	16a V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	_	ayka	Y NO.	17 INFORM	ary		ADDRI	ESS	Bill	
	(Y	Yes	WNI LIEVES GIVE	0-1970		9-12-8				davka	Same		13	
		18 CAUSE O	F DEATH (Enter or	nly one cause per line						- Coy ice	- 50110	<u> </u>	APPROXIMATI	E INTERVAL
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5		UNDERLYING	OR NG CAUSE OF		1. MONTH	DAY YEA	R							
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1	3-	EXAMINER'S	NAME AUGUS	TO D 200	200	10								
_	22. 0				RIGUE							P SPRI	NGS,MD.2	20748
	230.B	Buria	TION, REMOVAL	1-26-82		NAME OF CE			ЖҮ	23d LOCATION CITY OF TOW	nton P	r. Ge	o Md	TATE
	24 F	UNERAL DIREC	TOR Beal	_		ome _			So. DATTRA	C'D/BYREGI		ENSTRUMENT OF	est-cortor	No.
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Fennsylvania ___ U.S.A.

RETITION HEALTH CONTER Tr. Pr. Sco. Bowie x 18200 Maycheck Lime

Theorete Gazenyka Mary 1950-1970 | 180-12-8027 Paul G zeavko Same as #1840

HYPERTILLISTIVE CARDIOVARCULAR DISEASE

AUGUSTO R. RODELGUEZAMD. SITSUPAVILUE CT. CAMP SPRINGS, NO. 2020

Such al 1-25-02 Resuprection Clinton Pro-Eson McC Bell Funeral Hone 10.000 Annapolis Re. Bowie, Mc.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME LAST 2a DATE OF DEATH 26 HOUR (TYPE OR PRINT) JOSEPH J. GETTINGS JAN/07/82 9:00PM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MARCH a BIRTHPLACE 4 STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARYLAND GERRAES WIDOWED DIVORCED PRINCE GEORGE'S GEN. CHEVERLY STEAM ENGINGER BALTIMORE, MARYICAND 21201 SAME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE PR G 13e STREET ADDRESS ATTIVILLE 4 FATHER'S NAME FIRST WILLIAM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? GETTINGS, 1903 SHERIOLD 18 CAUSE OF DEATH (Enter only one couse per line fo PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS, CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED pri 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO sho NO [Mental Hygie 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STATE NOT WHILE Muc 22a. I certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter (both 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WIMSAT 23c, NAME OF CEMETERY OR CREMATORY DHMH - 16 50M 1/B1 (VRA 15, 4)

CONTTINE J. RETTINES CHEYERLY - PRINCE GEORGE'S GEN. HOSP. WALL STALLES - SINGE Continued to the continued

W 1.	FOR		MARYLAND H AND MENTAL HYGIENE	0 0 7 5
4	STATE REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	REG. NO.
	PECEASED NAME YPE OR PRINT) Ethel	MIDDLE GIL	Son 20. DATE OF DEATH	KNOWN MONTH DAY YEAR 25 HOUR ESTI-H MATED - /-2/ 19 8 5 M
17		ATE OF BIRTH DAY 1-13-08 18 YES. AGE (IN YEARS IF U MORE) AGE (IN YEARS IF U MORE) ATE OF BIRTH DAY) MORE YES.	NDER 1 YR. IF UNDER 24 HRS. 2c. DAT THS DAYS HOURS MIN. PRONOL DEA	TE MONTH DAY YEAR 24 MEYS
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14.	FATHER'S NAME FIRST Mack	Barnes (AST	15. MOTHER'S MAIDEN NAME FIRST Katie	Dickens LAST
1 160	WAS DECEASED EVER IN U.S. ARMED I (YES, NO, OR UNKNOWN) (IF YES, GIVE WARD)	FORCES? 166. SOCIAL SECURITY NO.	17 INFORMANT GWendolyn Jeffr	ADDRESAME as Above
MATION, OR REMOVAL.		ASDINA FIM	SE OR CONDITION GIVEN IN PART 1 In	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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WEDICAL CERT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 21d INJURY OCCURRED	H P.M. 1-2/ 1982	NOW INJURY OCCURRED SENTER NATURE OF JACKES WHILE RAFIELD DOCATION	YES NO D
2	WHILE NOT WHILE AT WORK	STREET FACTORY, FARM, ETC.)	54 Suitane 43, 10	4, Sultand, Dr. Georges Sky
ANG CO	27a I certify that I took charge of the death resulted fram: Notural control of the Signature Si	the remoins described obove, held an Autonuses Accident Suicide	psy , Inspection , Inquir. Homicide , Undetermined r TITLE (SPECIFY) A.D. Deputy MEDICAL EXA	manner
AFIEK DEATH, WITH BALTIMORE, MARYL	EXAMINER'S NAME MEUSTO			20748 Durt, Temple Hills, Md.
1 200	BURIAL, CREMATION, REMOVAL 23b. D. (SPECFY) Burial 1	-25-82 CEDAR HI	. Cem. Sui	tland, P.G., Md.
(5))	Funeral Home	Wilhelm 4308 Suit Rd., Suitland,	Land I IAN 9 7 1082	RAB-276. REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 2a. DATE OF DEATH MONTH 2b HOUR 01-03-82 GOODWIN 12:55AN 5 DATE OF BIRTH 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER LYFAR IF LINDER 21 HOS MONTH DAY YEAR 10 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PRINCE GEORGE'S WIDOWEDXX DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY PRINCE GEORGE'S GENERAL HOSPITAL School Teacher 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS 12803 Staton Court YESXX NOF 15 MOTHER'S MAIDEN NAME MIDDLE Blackwell Roberta Boulware 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Roberta D. Johnson 12803 Staton Ct. Largo 090-12-8515 APPROXIMATE INTERVAL ARCINOMA of The WON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19. CONDITION FOR WHICH OPERATION WAS PERFORMED. 10s. IF YES, WERE FINDINGS USED 20s. AUTOPSY7 IN CERTIFYING CAUSES OF DEATH? NOT YES IT HOUR A.M. MONTH DAY YEAR 1.0 THE LOCATION STARRY City DR 10mh COURTY MAR and that in (my) see opinion death occurred on the date and hour and from the causes stated DEGREE 77r. DAJE SIGNED ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN | 22e ADDRES 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Lincoln Cemeterv

Suitland Prince Geor 4339 HUNT PLACE, N. E.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2n DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTS 19 1982 Harry Gray Jan 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1897 Sept. Male Cauc. JO. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Prince George WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17b. KIND OF BUSINESS OR Southern Maryland Hospital Center (TYPE OF WORK FOR MOST OF WORKING LIFE)
Building Insp. P.G.Co. Gov't. Clinton Camp Springs 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5605 Windsor Court Maryland Pr. George 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Georgianna MIDDLE William Anderson Grav Mas DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 5605 Windsor Court (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-14-9785 Laura E. Grav Camp Springs. Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CEREBRAL HEDUORAHHOE 1 WEEK DUE TO, OR AS A CONSEQUENCE OF CARRBARL ARTERIOSCLEROSIS ABUTINCED Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 deallious - RENAL FAILURE 20g AUTOPSY? 20b. IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON 71n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC 1 WHILE NOT WHILE 27a. | certify that (1) (this haspital) attended the deceased from. 7AN/19 19 \$2 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased plive on 7AV/9 above, (I) (web (elicit) (id a pot) view the body of the death

22c. DATE SIGNED

Chance

ATTENDING MEDICAL 1/19/82 DIRECTOR PHYSICIAN

4400 Stamp Rd. Temple Hills, Md. 20748

Bruno Kolega 23a BURIAL, CREMATION, REMOVAL

77h SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

(SPECIFY) Burial

Cedar Hill Cemetery

23d LOCATION Suitland P.

24. FUNERAL DIRECTOR

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

23b. DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME DATE KNOWN LTYPE OR PRINTI ESTI--a MARY DEATH MATED ETHEL GUILBERT 947M 4 RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED DEAD FEMALE WHITE AUG 02 1890 YRS 30 19 82 947M TO BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED WASH DC USA WIDOWED DIVORCED PRINCE GEORGES II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 28 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 2, AND 3 TO 3. RETAIN PA SHOULD BE P ANDREWS AFB MG USAF MEDCEN HOUSEWIFE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 134 INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e STREET ADDRESS MD PRINCE GEORGES SUTTLAND NO [5818 PERRIE LN VIEAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, F MEDICAL EXAMINER ALONG WITH FORM PM. ED AS A BURIAL-TRANSIT PERMIT, PAGES TAND HEALTH AND MENTAL HYGIENE, DIVISION OF VIT. 1) MIDDLE LAST LAST FIRS1 FIRST MIDDLE BENJAMIN SHELTON REBECCA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 212-56-2373 LEONA GOLDSMITH SAME AS ITEM 130 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO IFICATION USED 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOP TO BEILDEATH. YES | NO to CERT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, II LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OF TOWN COUNTY STATE Autopsy 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from Notural causes Homicide Undetermined monner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto Rodriguez, M.D. 5009 Rayburn Court, Temple Hills, Md. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cem. Arlington, Burial 1982 Arlington National BP 24 FUNERAL DIRECTOR LEE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home, Alexander Ferry Rd., (VRA15 ME (5)) 66 Clinton.

15M 2/80

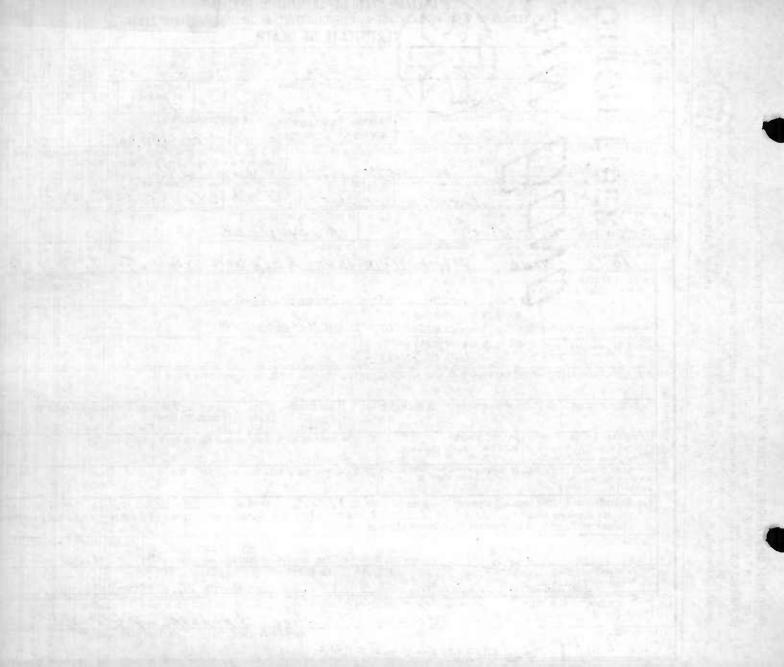
STATE OF MARYLAND

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				23b. DATE		OF CEMETER	OR CREMATO		LOCATION		COUNT		TATE
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MARYLAND STATE DEPARTMENT OF HEALTH



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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) 1982 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 1905 OCTOBER COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDDWED DIVORCED T CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF WORK FOR MOST OF WORKING LIFET onest name OSUAL RESIDENCE OF HURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY HMITS? 13e. STREET ADDRESS NO ORKNE YES [4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CHEOLO YULMONTEN AS A CONSEQUENCE OF OFREGREN MARREGION Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO. OR AS A CONSEQUENCE OF underlying couse last. KRADEIO 82 VOLOV CHERRON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from_ _, that (l) (we) lost sow the deceosed olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, HL (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

CANYMY - SEVERED

ANDOVER

23d LOCATION CITY OR TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

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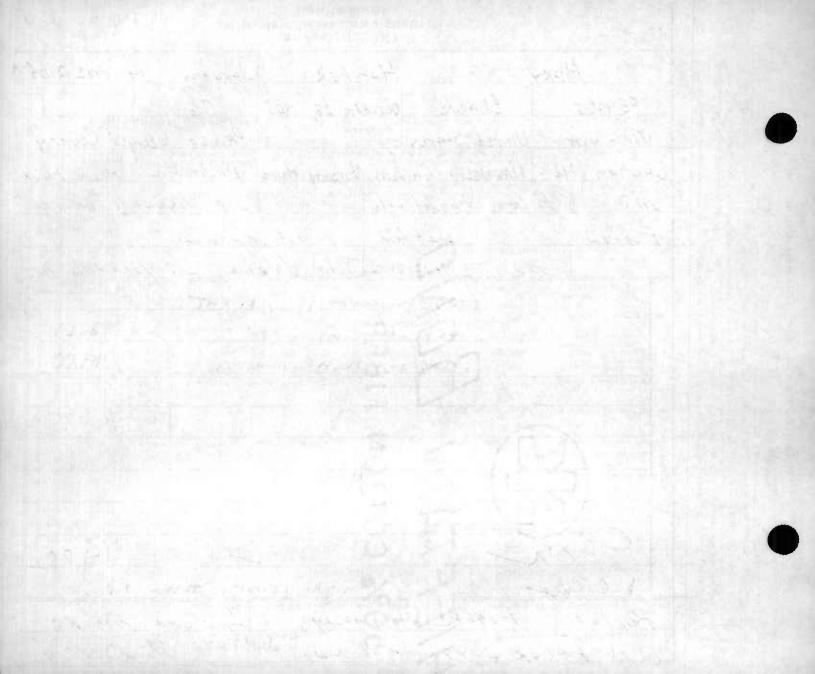
23g BURIAL

CREMATION, REMOVAL

236 DATE

BY REGISTRAR 256 REGISTRAR'S SIGNATURE rance

COUNTY



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR BRINT) OF 10 82 JUD I TH Α. 20 HARRIS DEATH MATED 4 RACE 3. SEX DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS AGE (IN YEARS 2c DATE YEAR LAST BIRTHDAY PRONOUNCED 1082 female white 36 Dec.11.1945 DM Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Prince George's Co. U.S.A. Ohio WIDOWED DIVORCED 3 3. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, DIVISION DAXITAL RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Camp Springs Accountant Secretary P.G. Co. Andrews Air Force Base Hospital Schools 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? P.G. College Park 9025 49th. Place Maryland YES TO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE Seek George Althea IIx 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS Address Same as IYES NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 219-42-4106 No# 13e. No Charles E. Harris. Jr. 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE STUDIED BE EXECUTED THE WISE SECUTED THE CORNEY IN PERIOD IN SECUTED THE CORNEY FENDINGY. IN PERIOD IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG NO FOR FORMER ALONG PORT FOR FORMER ALONG PORT FOR FOR FORMER ALONG PORT FOR FORMER PERIOD FOR THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 11:45 KX 1-20-19 82 Driver in auto/auto collision. 21e PLACE OF INJURY (ATHOME 211. LOCATION 71d INJURY OCCURRED STREET, FACTORY FARM ETC.) NOT WHILE AT WORK 4 & Shadyside Ave. AT WORK road Prince George's 220 I certify that I taak charge of the remains described above, held an Autopsy (X) Suicide Natural couses Accident Undetermined manner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 1-21-82 SIGNATURE EXAMINER'S NAME Dixon. M.D. 111 Penn St. Baltimore, Md. (TYPE OR PRINT) 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Jan. 25, 1982 Ft. Lincoln Cemetery Maryland Brentwood P.G. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5) 15M 2/80 14 **JUVI**

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Γ.	REGISTRAR			CERTIF	ICATE OF E	PEATH	REG.	NO.		
	PECEASED NAME FIRST	-	MIDDLE		AST		20. DATE OF DEATH	MONTH I	DAY YEAR	2b_HOUR
L	Richard		A	Haye	s, Sr.		January	15	. 1982	11:15PM
3. 3	SEX	4 RACE		5 DATE (96.40	6. AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS.
1	Male	Caucas	ian	Oct.		1897	84	YRS.	0413	MOUNT MAIN.
11	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	Washington, D.C.			WIDOWE	D DI	VORCED [Prince G	eorge		MD,
	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a USUAL OCCUPA		12b. KIND O	F BUSINESS OR
	linton	Souther	n Marylan	d Hos	spital	Center	Farmer		Farmi	ng
130	UAL RESIDENCE (IF NURSING HOME OF STATE 13b COUR aryland Pr. (136. CITY OR TOWN Ft. Washi	N	13d INSIDE C	ITY LIMITS?	130, STREET ADDRES		dera	
_	FATHER'S NAME		N.C. C.	116 001		MAIDEN NAM		nes DI	Ive	
	William	WIDDIE	Hayes	+1100	A:	rirst nna	WIDDLE		Denn	ison
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMA		ABD	RESS 1.		
L	(YES, NO OR UNKNOWN) (IF YES, GIV	/E WAR OR DATES)	577-22-4	770	Richar	d A. Ha	yes, Jr. N	<u>lechani</u>	Box 433	Md.
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse to storing the underlying couse lost. PART 2 OTHER SIGNIFICANT (AUCULATION 190 DATE OF OPERATION	DUE TO, OF	RAS A CONSEQUE AND TRIBUTING TO D TION FOR WHICH	NCE OF			ALSCASE IN AL DISEASE OR CO		N IN PART 110	
RTIFIC							YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY			21c. HOW IN		ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT T OR PART 2)	
ME	WHILE NOT WHILE AT WORK	NOT WHILE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) STREET CITY OR TOWN						COUNTY	STATE	
	220.1 certify that #h(this hospi		deceosed from_	120	1/6	-, 17	2 , to/	115.1		hot et (we) lost
	saw the deceased alive on above, (# (we) (# d) (did no	t) view the body	after death.	, 01		(our) opinion d	leath occurred on the	date and hour	and from the c	ouses stated
	22b. SIGNATURE	an	N			TTENDING PHYSICIAN		AFF	22c DAVES	SIGNED SIGNED
	22d. PHYSICIAT VNAME (TYPE O	Finan	MI	5.	22e ADDRES	\$				7 4
230	BURIAL, CREMATION, REMOVAL	1/19/82			abas Ch	rematory	23d LOCATION CHITYORTOWN OXON	Hill	P.G.	STATE Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony

14 FUNERAL DIRECTOR
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.

P.G. Maryland REGISTRAR 256. REGISTRAR'S SIGNATURE



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Dariel 2/19/02 5t. Barander Grunden Com. Com Hill 1.C. Harving

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	FOR 1 - STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 2	02491		
N	1 DECEASED NAME FIRST (TYPE OR PRINT) JUANITA	DeWeese HA	YNES	20. DATE OF DEATH MONTH	1-01-82 2b HOUR P		
		CAUCASIAN 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS MOURS MIN		
0	76 BIRTHPLACE (STATE OF FOREIGN 76 COUNTRY) NORTH CAROLINA	TT C A	ARRIED X NEVER MARRIED DOWED DIVORCED	9 BALTIMORE CITY OR CO	UNTY OF DEATH		
4	CHEVERLY PI	NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES RINCE GEORGE'S GE	55)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK SALES CLERK	126 KIND OF BUSINESS OR		
5	MD.		13d INSIDE CITY LIMITS? YES X NO [13e SIREEL ADDRESS 187 WAYSO	NS MOBILE CRT.		
0	DEWY LEE DE WE	ESE LAST	PEARL	WE	WEST		
	160 WAS DECEASED EVER IN U.S. ARMEI (YES, NOOR UNKNOWN) (IF YES, GIVE W.			HAYNES SA	ME AS 13 E.		
	18 CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED B	6 6 6 4	Renal Fa	1/4+4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 (6 Les		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	ı i's	3 month.				
	PART 2. OTHER SIGNIFICANT CON	N GIVEN IN PART I a					
2	Jartie - OM 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)		
7		21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M.	(EAR 19	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN					
	27a I certify that (I) (this haspital) sow the deceased alive on above, (I) (we) (did) (did not) vi	1 Jan. 1972	_, and that in (my) (our) opinion of	death occurred on the date on	d hour and from the causes stated		
	Then m. Shute	tivs	DEGREE ATTENDING PHYSICIAN C	MEDICAL STAFF	224. DATE SIGNED		

22e ADDRESS

ASHELAWN GARDENS

23c NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

and Mental Hygrene prior to bur

MPORTANT: # #em 21 is

24 FUNERAL DIRECTOR

IVES FUNERAL HOME ARL, VA. 2847 WILSON BLVD.

1-4-82

23b. DATE

224 PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL

Thomas M. Hutchins

ASHVILLE

20785

COUNTY

N.C.

6214 Landover Road Landover, Maryland

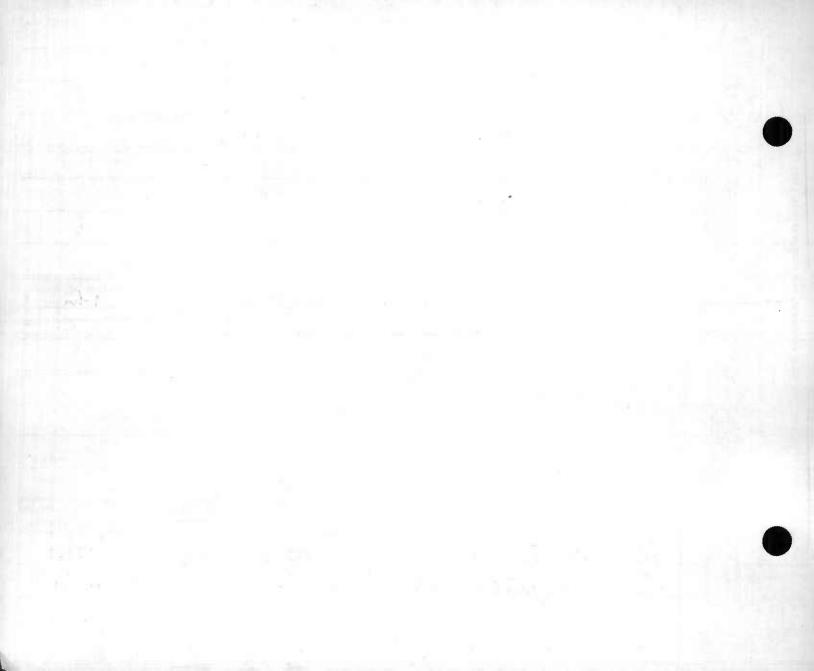
238 LOCATION

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FAZZE A FAG 13 F.	.T WOMEEN				3 [

.7.11 BULLIA 1-4-32 AJELIN IVE FULTIAL ED E 2307 ILSUL BIV .

Female Caucasian Merch 13, 1896 BE Bat 1, Mr. U.S.A. restrict and the second Mr. Pr. 6so. Lanham x 9663 Grorluck Rr. 4 oz 1 Albert MacAbee Morton Elizabrth Keanerly 221-10-5650 Mrs. Paula E. Jones Same as Kis Burial 1-25-82 Parklano Nem. Park Hampton Val Beall Fineral Home 15,000 Annoclis Ac. Bowie, Mc.

8		1.	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2	0	2	9 3
			CEASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
be 3				DELLA	A		HIL	L	JANUARY 22	2, 1982		м
- 3		3. SE		1	RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY) IF UP	HS DAYS	IF UNDER 24 HRS
F Mail			FEMALE		BLA	CK	APRI	L 23°, 1898°	83	YRS	H3 DATS	HOOKS MAY
9 12	83		RTHPLACE (STATE OR FO	REIGN 7	US.A	• WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			MD.
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24 hour	musi pa	USU.	AL RESIDENCE (# NURS STATE MD	136 COUNT PR.	GEO.	GIVE RESIDENCE BEFORE 134 CITY OF JOWN TAKOMA P		134. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 811 COLE	BY AVENUI	Ξ	
red within ompletely ond 2 shi	o local	14. F/	THER'S NAME FIRST DAV	ID MO	DOLE EN	LAST		15. MOTHER'S MAIDEN NA FIRST MART	HA MITCHELI		LAS1	
e execut	medico				ED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
			NO			218-30-3810		ERNEST HILL (SON) SAME A		AS #13		
	orner troumonic event, the		18 CAUSE OF DEATH W A Conditions, if ony, gove rise to imm couse (o), stotin	AS CAUSED IMMEDIATE which nediote	DUE TO, OI	R AS A CONSEQUE	nce of	hemon h	ag en Diseas	Q.	DETWEEN C	HATE INTERVAL INSET AND DEATH
Ped S	ows ony injury, or	CERTIFICATION	underlying couse	lost	(c)			NOT RELATED TO THE TERM	NNAL DISEASE OR CON	IDITION GIVEN I	N PART 110	11
he low re on. has been i permit l			190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFY INC	G CAUSES	IGS USED OF DEATH?
IYSKIAN: THeirope physicis certificate burial-transit Mental Hygii	0 4		2)g. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTHY MEDIC.	AUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	DRY IN ITEM 18, PART I	OR PART 2)	
I c c -	morked or	MEDICAL	21d INJURY OCCURE WHILE NOT WE AT WORK AT WO	ILE C	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE
TTEN pitol TOR for us	\$		220.1 certify that (1) saw the decease above, (1) (we) (c		1 2011 10	A description	de	od that in (my) (our) opinion	death occurred on the d	72 19		that (I) (we) last couses stated
0 8 0 80 8			SIGNATURE OF SIGNATURE	Sid	5 M	0		ATTENDING PHYSICIAN	MEDICAL STA		1 27	L 62
TO HOSPITAL retained by the TO FUNERAL should be determined by the State	W Cki	-	ISrael	NSO	ect of	5 WD			rrara Ave	Whe	alon	Nd 2090
BP		(BURIAL BURIAL	REMOVAL	236. DATE 1-28-			EMETERY OR CREMATORY L MEMORIAL F		REL, PR.		
DHMH-16 20 (VRA 15, 4) 7		24 FI	JNERAL DIRECTOR SEORGE R	. SNO	VDEN RO	6 NWASH CKVILLE,	INGTO MD	N ST. 250. DAT 20850	ENTER BY REGISTION	256 REGISTRAR	SSCAL	JRB // T



0.71	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										
, (IX	CEASED NAME PE OR PRINT) THI	NGUYEN	HO OF ESTI-	1 23 19 82 M							
7a. B	male Oriental	oct. 30, 1981 LAST BIRTHDAY) YRS.	ADDITION DAYS HOURS MIN. PRONOUNCED DEAD 1	23 1982 1:25P							
	laryland	U.S.A. WI	ARRIED NEVER MARRIED DOWED Prince	George Countyo							
4	Riverdale	NAME OF HOSPITAL, NURSING HOME, OR (15 NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Memorial Hospit	FOR MOST OF WORKING LIFE)	ORK 176. KIND OF BUSINESS OR INDUSTRY NONE							
130.	ALRESIDENCE (IF IN NURSING NOME STATE DE COUN Prince	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN Hyattsville	13d. INSIDE CITY LIMITS? 13d. SIREET ADDRESS TOLEGO Place	ce Apt # 2							
14. F	ATHER'S NAME Inknown	MIDDLE LAST	15. MOTHER'S MAIDEN NAME Tothieu MIDDLE	Holast							
160.	WAS DECEASED EVER IN U.S. AR (ES, NO, OR UNKNOWN) (IF YES, GIVI O	MED FORCES? E WAR OR DATES) 16b. SOCIAL SECURITY NO None		Mother)							
NO	Conditions, if ony, which gove rise to immediate cause (a) stating the <u>under lying cause last</u> . PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	ISEASE OR CONDITION GIVEN IN PART 1 (a).								
CERTIFICATION	190. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED?	20 AUTOPSY? YES XX NO □							
CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19	IC. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART)	OR PART 2)							
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	220. I certify that I took char death resulted from: Note ACTUAL SIGNATURE	nrol couses XXI, Accident , Suicide Ma Loclar	Homicide Undetermined manner I. TITLE (SPECIFY) M.D. Assistant MEDICAL EXAMINER S	DATE 1/25/82							
23o.1	BURIAL CREMATION REMOVAL	ginia L. Dolan, M.D. 736 PATE 1/28/82 736 NAME OF CEMETE 1/28/82 Ft. Lincol	address_ <u>111 Penn Street_Balto</u> RY OR CREMATORY 136_LOCATION BY Entwood P.	GOUNTY Mary Tand							
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N & N	VI	TYPE OR PRINT)	AE FIRST	6 E.	WIDDIE	F	OLLA	AST ND		26 DATE KNOWN M MONTH OF ESTI- DEATH MATED 1			H DAY	YEAR 19 82	2b. HOUR	
PLEASE DIRECTOR DUR-FILES	N STREE	Male	1. RACE Negro	S. DATE OF BIRTH	924	6. AGE (IN YEAR LAST BIRTHDAY 57 YRS	MONTHS	DER I YR.	IF UNDER	24 HRS. MIN.	PRONOUNG DEAD	CED	MONTH	DAY	YEAR 19 82	2d HOUR 10: 15
AKCESSA UNIERAL FOR YOU	S PRESTOR	6. BIRTHPLACE FOREIGN COUNTRY	STATE OR) Md.	76 CITIZEN OF W	S.A.		MARRIE		VER MARRI DIVORC	ED A	9. BALTIMO	ce G	Georg	ge's	DEATH	MD.
ELAY IS I	S. 201 V.	Bowie		11. NAME OF HOS	aturn	Lane		R INSTITUT	TION	FORA	ALOCCUP	ING LIFE)		0	ND OF BURNDUSTI	JSINESS
21201 F ANY D AND 31	35	JSUAL RESIDENC 130. STATE Md	136 COU	P.G.	13c. CITY	BEFORE ADMISSION OR TOWN		3d INSIDE (1	NO [1328	506°S	åtuı	rn L	n.		
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ALTIMO AFTER I SIVE PAC	VISION	YES, NO, OR UNKN	ED EVER IN U.S. AI	RMED FORCES?		Known		7. INFORM		Thor	nas-S	ane		# 13	3 ab	ove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE RITHING THE WORD "FENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 31 TO THE FUNERAL DIRECTOR. RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES.	USED AS A BURIAL - TRANSIT PER, OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL.	gave cause (lying co	ans, if any, which rise to immediate a) stating the under ause last.	DUE TO, OR (b) DUE TO, OR (c) (s) (s) (s)	AS A CON	SEQUENCE O ISEQUENCE O ISEQUENCE O ISEQUENCE O WHICH OPERA	AL DISEASE (DR CONDITION	N GIVEN IN PAI		sease				AUTOPSY?	? NO [X
2 200	B 두 B 주	S UNDERLYIN	OCCURRED OF	F DEATH P.M	A. MONTH		21f. LOC.		OCCURRE	D LENTER!	NATURE OF INJU				YES []	STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE.	TO FUNERAL DIRECTOR: PACE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMEN BALLIMORE, MARYLAND, 21201 PRIOR TO	22a. I cer death resu ACTUAL SIGNATURE EXAMINER (TYPE OR PE	tify that I took chailted from:	usto P. Ro	Accident	Lyfus	M.C.	Hamic TITLE (SI Dept	5009 1	Undet	Inquiry ermined more ICAL EXAMI LTD CO DCATION	nner	ond in my	NED_1/	Hills	20748 , Md.
BP		/SDECIEY\	urial	1-15-82		armony		. Pa	ark	H1	ghlar	d P	ark,	Md SSIGNAT		TATE
DHMH (VR A15 / 15M 2	ME (5))			Sous 492	5 B	IKROUCH	S AVE	N.C	JAN	29	1982 C	isnes	0	an Th	enther	•

Terorer denetrical 12006 305021 Holland Christians (Unicount) Vanesca Thomas-Seme As & 13 above runial 1-15-82 Parmony Men. Park Hamland Lark, Md. SELECTION SELECTION AND ADMINISTRATION OF THE PROPERTY AND ADMINISTRATION OF THE PROPE The state of the s

	1 - STATE REGISTR	AR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 0 2 4 9 / MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								
	1. DECEASED (TYPE OR PRINT)			MIDDLE		OLMES	26. DATE KNO OF ES DEATH MA	WN X MONTH	1 19 82 M		
DIRECTO OUR FA ON STREE	male	4. RACE	5. DATE OF BIRTH MONTH DAY DEC 10,	1955 AGE (IN)	EARS IF UN	DER 1 YR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DE AD	JAN.	DAY YEAR 2d HOUR 4:28		
1. FAND 3 TO THE FUNERAL DIRECTOR AND 3 TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED, WITHIN 72 TALRECORDS, 201 W. PRESTONS TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED, WITHIN 72 TALRECORDS, 201 W. PRESTONS TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED, WITHIN 72 TALRECORDS, 201 W. PRESTONS TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED WITHIN 72 TALRECORDS, 201 W. PRESTONS TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED WITHIN 72 TALRECORDS, 201 W. PRESTONS TO THE FUNERAL DIRECTOR AS A SHOULD BE FILED WITHIN 72 TALRECORDS TO THE FUNERAL DIRECTOR DIRE	76. BIRTHPLAC	NTRY)	76. CITIZEN OF W	HAT COUNTRY?	WIDOW		CED Prince	George's	Y OF DEATH COUNTY MD.		
PAGE S, 2017	Cheve		Prince (acility, give street address Seorge's Ge	orge's Gen. Hosp.		TRUCK DRI	ON (TYPE OF WORK	126 KIND OF BUSINESS OF INDUSTRY TOWING		
SHOULD SHOULD	MD STATE	13b. C	OME OR OTHER INSTITUTION, GOUNTY P.G.	SUITLAND	SION)	13d. INSIDE CITY LIMITS?		ROOKS DR.			
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NISION	YES, NO, OR I	EASED EVER IN U.S	. ARMED FORCES? GIVE WAR OR DATES)	579 76 40		ADA ING	RAM MOTHER	2120 BF	ROOKS DR		
F MEDICAL EXAMINER ALONG WINESD AS A BURIAL - TRANSIT PERMIT. F HEALTH AND MENTAL HYGIENE, DIT CREMATION, OR REMOVAL.	gav cau lyin	ditions, if any, we rise to immediate (a) stating the urg cause last. NER SIGNIFICANT CONOI	hich diate (b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER	OF	OR CONDITION GIVEN IN P	ART I (a).				
BURIAL,	TIFIC	E OF OPERATION		TION FOR WHICH OPE			ED LENTER NATURE OF INJURY IN		20 AUTOPSY? YES NO		
I: PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA D, 21201 PRIOR TO BURIAL, C	UNDERL CONTRI	YING OR BUTING CAUSE ORY OCCURRED NOT WHILE AT WORK	OF DEATH 3 - 3 () P.N	MYMONTH DAY YEA 1. 1-1- 198 OF INJURY (ATHOME, TORY, FARM, ETC.)	2 Per	destrian s	Church Rd.	truck.			
WITH THE ARYLANI		esulted fram:	harge of the remains de	[7]	Autaps	Hamicide ,	Undetermined manner	and in my api			
MED SECUTE SE SECUTE SE	(TYPE OF	ER'S NAME PRINT)	Ann M. Dix	on, M.D.		ADDRESS1	111 Penn St.				
BP	BURI.	AL	JAN 6,1982		Memo	rial	SUITLAND				

.A/L . AT. CHILDER DELIVER NOTES . HO - 2000 - - 20018 ELTOOL YOUTH SECRETOR AND THORAGON STORY OF STORY METAL JAMES I Lincolf Mesonial SETTAL JAMES AIRANDASA. 1996 2617 PARSTRATTA LIGUIS. 48 P. C.

STATE OF MARYLAND

J. 30, 1913 TAGE STREET TOLT estate salidada 30181786 MARIE SYS-18-2605 TRUE E EXCLUSION (LOT COLUMN THE

1/8/92 SETRING SHOOLAN PER D LEEP WENT YOURSE SPANISH

CHARLETTE, BEHTLEMBER & SECOND CONTROL OF THE CONTROL

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 👸 🔏	0 2 4	4 7 7
2 4 1 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3		CEASED NAME FIRST PRINT) EARNIE		HOUCH		AST	20. DATE OF DEATH	01-25-82	26. HOUR 2:20PM
1	3. SE		4 RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAY	
7 See.	C	Female RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OF PRINCE	PR COUNTY OF DEATH GEORGE'S	
to Pailited of		aryland ITY OR TOWN OF DEATH CHEVERLY	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS1	DIX DIVORCED	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWI	OF WORKING LIFE INDUSTR	O OF BUSINESS OF
The second		AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COUN		GIVE RESIDENCE BEFORE A	100	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	hville Dr	ive
o di		THER'S NAME FIRST William	WIDDIE	Vard		15. MOTHER'S MAIDEN NA FIRST Louisa	MIDDLE		LAST
medical	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	213-50-8		Thelma Mes	ssado, Nie		as Abov
mit. Then please run prior to burial, crem any injury, ar ather t	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT ((c)	R AS A CONSEQUEN DINTRIBUTING TO DE ITION FOR WHICH O	ATH BUT		AINAL DISEASE OR CON	DITION GIVEN IN PART	
w serie	RTIFIC						YES NO	IN CERTIFYING CAUS	NO
them 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	PFINJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.]	214 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
of Healt		22a.i certify that (I) (this hospi saw the deceosed alive an abave, (I) (we) (did) (did no	1-25	19 8	7 -	d that in (my) (aur) opinion	death occurred on the de		he causes stated
State Dept		22h SIGNATURE	60	Sem	^	DEGREE ATTENDING PHYSICIAN [MEDICAL STA	FF/	TE SIGNED - 82
should be defact with the State DIMPORTANT: If		22d. PHYSICIAN'S NAME TO SOCI		ns		P. G. Ext		t, Chever	ly, Md.
	(SURIAL, CREMATION, REMOVAL SPECIFY Burial	1-28-	B2 Add	ison	Chapel Cer	23d LOCATION CITY OR TOWN Seat Pl	easant, P	STATE Md.
60M 7/73 15 (4))	24. F	INERAL DIRECTOR Robt I	E Wilhe	elm Address430 Suitlar	08 S	uitland 250 DA	LE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGN.	ATURE

Rd., Suitland, Md.

STATE OF MARYLAND

Tatalog "Nester acode, a constant" (1036)114T

Rd., Suitland, Md.

- STATE

(VRA 15, 4)

Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A south of Lord of the Martin Marker M. English English STATE A STATE

ADDRESS

Nalley's F.H. Inc. Mt. Rainier. Md.

FOR - STATE

(VR A 15 (4))

STATE OF MARYLAND

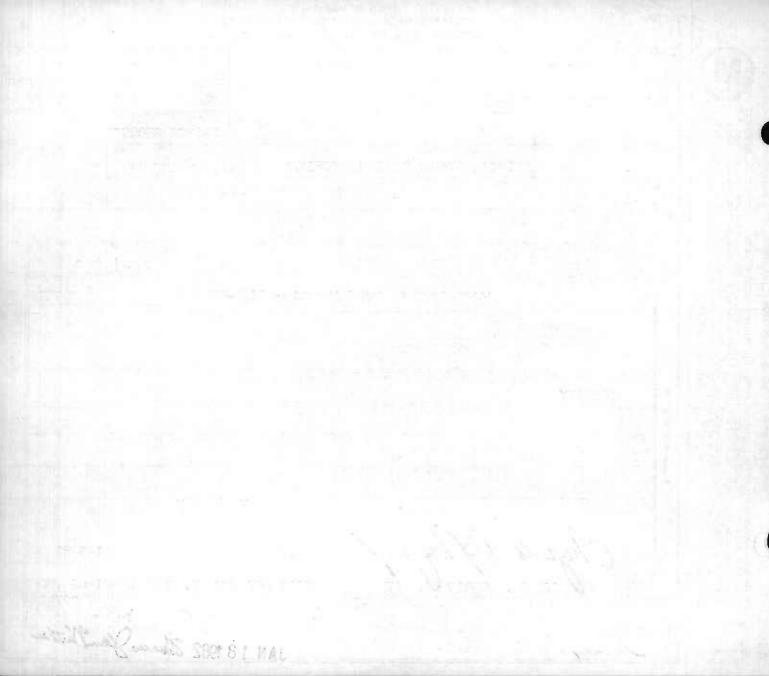
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👶 🙎

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1	1	-					ARYLANI						-			
6_	1	FOR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2										2		
	- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.															
	1. DE	CEASED NAME FIRST		MIDDLE			LAST		2a. DATE			TH DAY	YEAR	76 HOUR		
	(TYPE OR PRINT) OF ESTI-													20 HOOK		
NAME OF THE PARTY			oline	line Martha Humphrey									19 82	M		
HULARE	3. SE	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE)			F UNDER 24 HR		TE.	MONT	TH DAY	YEAR	2d HOUR		
- 3500	12-				71 YF		HS DAYS	HOURS MIN	PRONO			1 30	1982	9:45 p.m		
2 14 V SIS	70 B	male Caucasia	76. CITIZEN OF WI	1910		1			9. BALT	9. BALTIMORE CITY OR COUNTY OF DEATH						
最高金星落竹		Vashington, DC	USA					ED NEVER MARRIED -								
S S S S S S S S S S S S S S S S S S S						WIDOW		DIVORCED [4.5			MD.		
V V OLEGARIS	10 C	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 404 Marshall Court. Apt. D						(TYPE OF WO	OF WORK 176 KIND OF BUSINESS OR INDUSTRY					
ALA HOO	T	aurel									dairy store					
- 3 DE S S S S S S S S S S S S S S S S S S	LIST	AT DESIDENCE HE IN NURSING HOME	OR OTHER INSTITUTION, GI													
2 ×9E587	13a, S	TAMA 136 COM	P. C.				13d. INSIDE CITY	STREET ADD	RESS	int Ar	+ Ant D					
M A A A A A A	1			Laurel YES										t Apt D		
MD 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 3, 4, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14. F.	ATHER'S NAME	MIDDLE_		LAST		15. MOTHER	S MAIDEN NA		MIDDLE	LIS me		LAST			
ORE, MI DEATH, GES 1, WM PM, AND 2		FRST James A. T	upper					LLI	llian		Winn	16				
TIMOI TER D TORW		WAS DECEASED EVER IN U.S. A		16b. SOC	IAL SECURIT	Y NO.	17. INFORM	ANT		TAPPS	21. Gorman Road					
FE F	0	ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	21.4	4 01 7	579	James	W. Hoa	agland	LUJ						
S A GIV									0-		Laur	cel, h				
N ST., BALTIA HOURS AFTEI FM 18. GIVE P ING WITH FO REMIT. PAGES ENE, DIVISION AL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE)	ED BY									BETV	PROXIMATE VEEN ONSET	AND DEATH		
AL.		IMMEDIA	ATE CAUSE (a) AT	terio	sclero	tic	cardio	vascula	r dise	ase				12.1		
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS NET BRITHING THE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NET BRITHING THE WONDON'S THE PRINCIL IN TIEM 18, GIVE PAGES 1, 2, AND 31 OTHE FUNER ROED TO THE CHIEF MEDICAL EXAMINES ALONG WITH FORM PM 3, RETAIN PAGE 5 FOR 35 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED, WITH FOR PAGES 1 AND 2 SHOULD BE FILED.		4292 (DUE TO, OR AS A CONSEQUENCE OF														
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A PESSE B		PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	E OR CONDITION I	GIVEN IN PART 1 a:				1-10				
L RECORDS, ULD BE EXECT ""ENDING" FF MEDICAL ED AS A BUR HEALTH ANG	8	Impacted feels														
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SIS CI SI SI CI SI CI SI SI CI	3	WHILE AT WORK	STREET, FAC	TORY, FARM, E	(C.)	S	STREET		CITY OR	OWN		COUNTY		STATE		
T < 4 / / =		AT WORK AT WORK														
A A TES		22a I certify that I took cho	rge of the remains des	cribed obo	ve, held an	Autop	sy 🔲	Inspection X	. Inqui	y A.	ond in my	y opinion				
NO TOTAL		death resulted fram: Nati	urol causes X	Accident	Su. Su	icide	, _ Homicie	de . Un	determined	manner [7.					
NATION OF BRIDE		-1		0		/	TUTLE (SPI									
# A P P P P P P P P P P P P P P P P P P		ACTUAL MELLI	SAV	Y rol	udus	/	Depu	ty			DA	TE 1/	31/1	982		
ZEEZEE.		SIGNATURE	1/		AX	M	.0	N	AEDICAL EX	MINER	SIC	SNED				
MA A MA	4-	EXAMINER'S NAME ALLO	usto P. Ro	drie	47 K	D	50	09 Rayb	nirn C	ourt.	Temn	le Hi	11s.	Md.		
₹ □ 8 5 5 5 5	-	(TYPE OR PRINT)	asto I. Me	4115	A		ADDRESS	or may b		,	p		,			
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR: PATER DEATH, WITH THE ST.	23a. E	URIAL, CREMATION, REMOVAL	Feb.1,198	2 234.7	AME OF CE	METERY O	R CREMATOR	RY 23d	LOCATION			COUNTY		ATE		
	(*Gremation	reb. 1, 198	Z W	estvie	w Cre	ematory	7	c'Caton	svill	e, Mo	1 Port	51.	AIE		
BP	24. F	UNERAL DIRECTOR					125	a. DATE REC'D					URE			
DHMH - 17	-	NAME Donaldson Funora PORTForme, Laurel, Md														
(VR A15 ME (5)) 15M 2/80								FEB	2 1	187	Marie	A	1.63.53	ri, E.		

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15M 2/80



		FOR STATE		DEPARTMENT O	F HEALTH		100	2	0 2	5 0	4.1		
	1. DE	REGISTRAR CEASED NAME FIR		MIDDLE	NEK'S	LAST LAST		REG. N		DAY YEAR	2b. HOUR		
Mark Com	(TYP	E OR PRINT)	Mo	MOGG									
心器 3至	3. SE)	CAROT.	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	NS DER 1 YR. IF UNDER		ATE			24 HOUR		
302	60.		MONTH DAY	YEAR LAST BIRTI	7	HS DAYS HOURS	MIN. PRONO	DUNCED	7 04		713		
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18 MES		REIGN COUNTRY)		CA	MARR	46	IED L						
86		7irginia		SA SPITAL, NURSING HO			120 USUAL OC	CUPATION OF	CEORGES	KIND OF BU	MD.		
6		Clinton	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDRESS	S)		FOR MOST OF	WORKING LIFE)	TO TONK	OR INDUST	RY		
-		L RESIDENCE (IF IN HURSING F	OME OR OTHER INSTITUTION, O	N MARYLAND	HOSPI	TAL	Hous	ewife					
4	13a. S		OUNTY	13c. CITY OR TOWN	1	13d. INSIDE CITY LIMITS?	13e STREET AD						
1	14 5	Md.	PG	Suitlar	ıa	YES NO		uitla	nd Rd.	, #20	4		
1	TT: FA	FRST	MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		EAST			
J	16c V	John VAS DECEASED EVER IN U.S	Hughes	MOSS	UTY NO	Mary 17 INFORMANT		Virgi:					
	(Y	S, NO, OR UNKNOWN) (IE YES	GIVE WAR OR DATES)				M Ton		Same	as Ab	ove		
		No		224-58-0	0000	Russell	M. Jen	KINS,	nuspa				
	,	PART I DEATH WAS CA	er only ane cause per lin USED BY:							APPROXIMATE BETWEEN ONSET	AND DEATH		
VAL		7110 21MM	EDIATE CAUSE (a) E										
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAIND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, if any, v	chich	R AS A CONSEQUENC					- 0.0				
88		gove rise to imme	diote (b)	FACHEO_INN		E FISTULA							
o Ž		lying cause last.	DUE TO, OF	AS A CONSTOUENCE	E OF								
			(c)										
	NC	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO OFATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a)						
0	ATI	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?				0 AUTOPSY?	,		
4	IFIC									YES 🗍	NO ST		
7	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA			21c. H	OW INJURY OCCURRE	D LENTER NATURE O	F INJURY IN ITEM I	8 PART T OR PART 2}	.25			
	ALC	UNDERLYING OR		A. MONTH DAY YE.	AR								
	EDIC	214 INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,		CATION					7 6		
	X	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)		STREET	CITY OF	RIOWN	COUNTY	1	STATE		
							37	4FT					
			thorge of the remains de						and in my opinio	on			
		death resulted from:	Natural causes X,	Accident L.,	Suicide	, Hamicide	Undetermined	monner	,				
		ACTUAL A	MITE ()	X		Deputy			DATE		MD. SINESS A INTERVAL AND DEATH		
200		SIGNATURE ()	Luco 1	wige	M	.D. Deputy	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE section X, Inquiry X, and in my opinion Undetermined monner						
2	0	EXAMINER'S NAME	gusto P. Ro	drigulda	In.	5000 1	Parrhure 4	Court	Tomplo	1-24 1982 M NONTH DAY YEAR 8:08 1-24 182 D M R COUNTY OF DEATH FORCES MD. OF WORK 1728 KIND OF BUSINESS OR INDUSTRY DATE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES D NO STATE			
	22 5:			100									
	(5	JRIAL, CREMATION, REMOV Burial	1 20 02	23c. NAME OF C			23d LOCATIO	, E .	COUNTY	Managar AT	ATE -		
	24 FI	DULTAL	1-28-82			. Cem.	Sult1	and,	P. G.		and		
	27. 11	INERAL DIRECTOR RObt	E Wilhelm			nd "T	3-2 5 198	Z 2972		HATURE			
	r'u	neral Home	Rd., S	Suitland,	Md.				-0453				

1.25-82

6	1-	FOR STATE				MENT OF	HEALTH		ENTAL H	"	F 65-788		0 2	5	0	j	
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(開催)量	3. SEX	(HARRIE 4. RACE	5 DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		IF UNDER 2	DER 24 HRS. 20 DATE MONTH					19 82 YEAR	74 HOUR 12:5	
NOTE STORY		male	Negro	4 28	1914		YRS. PRONOUNCED DOA 1							9	19 82	12:55 a.M	
NA WHITH	P	ENN.		USA			WIDOW	XX da	☐ NEVER MARRIED ☐					s	5 MD		
LI CE ERES	1	Laurel		Greater	Laure	reet address)	svill		spital	FOR ME	AL OCCUI OST OF WOR INTER		YPE OF WORK	U.	OR INDUSTRY U.S.GOVT.		
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ORE, MD. S S DEATH. IF AGES 1. 2. AND 2 SH OF WITH I	14. F	ATHER'S NAMI FIRST CHAF		MIDDLE		LAST VIN		F	ER'S MAIDEN	NAME	м	NIDDLE		GRE	LAST FN		
BALTIMORI RS AFTER DE S. GIVE PAGE WITH FORM I. PAGES 1 AN DIVISION OE	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b SOC	-32-18		17_INFORA		Taylo	or.31	ADDRES				c.Va.	
TON ST., BA 24 HOURS ITEM IB. G LONG WIP PERMIT PI GIENE, DIV	NO 18 CAUSE OF DEATH PART I DEATH WAS				e for (a), (b)			ALT E						AF	PROXIMATE		
RESTON S' HIIN 24 HO II. IN 17EM I R. A LONG I HYGIENE EMOVAL			ns, if ony, which	DUE TO, O		ISEQUENCE										m	
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RECORDS, D BE EXECT ENDING" AND	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
S SHOULD BE WORD "PEND BE WORD "PEND BE USED AS INTO HEAL! BURING HEAL! BURING."	CERTIFICATION	19a DATE OF	OPERATION	19b COND	ITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?			F 11			UTOPSY?	NO X	
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. R. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. R. PRAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. PAGES 1 AND 2 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHIN 15, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	AL CERT	UNDERLYING	AL CAUSE WAS OR NG CAUSE OF I		M. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURRED	(ENTER NA	ATURE OF INJ	IURY IN ITEM 1	18 PART 1 OR P		23 🚨	NOL	
DIVISION HIS CERTING WRITING ARDED TAGE 3 SHATE DEPARTED FRICOLORIO	MEDICAL	21d. INJURY (NOT WHILE C	21e PLACE	OF INJURY CTORY, FARM, E	(AT HOME,	211 LOC ST	ATION			CITY OR TO	wn	C	OUNTY		STATE	
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA FIRE DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		22a cert	ify that I took charg	rol causes X,	Accident		Autops	Homic TITLE (SI	PECIFY)		Inquiry		ond in my o		1200	2	
EDICAL I		SIGNATURE EXAMINER'S	NAME NAME	2001	rang	que	M,	Dep			CAL EXAM		SIGN	ED	2074	8	
TO M EXECU PAGE TO FU	23a.B	(TYPE OR PRI	TION, REMOVAL 2	Sto P. Ro		NAME OF CE		DDKE33_	5009 F	123/ 100	ATION			ole I		, MQ.	
BP	В	URIAL UNERAL DIREC		an.13,82	8 40	FFANKI	CEMET In ST	ERY	25s. DATE RE	FAI	RFAX	CO. 1	GISTRAR'S	SIGNAT		416	
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Almadaria, n.

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3 1- STA REG	TE ISTRAR					CERTIFICATE C		REG	. NO.	ion V		
I. DECEA	SED NAME	FIRST		WIDDLE		LAST	2a. D	ATE KNOWN	MON.	TH DAY	YFAR	7b. HOUR
(TITE ON		John	Henr	Cy	Jei	nkins		OF ESTI-	O 1	31	9 82	
1.5EX	4 RA	ACE :	S. DATE OF BIRTH	YEAR 6. AGE (IN	YEARS IF UN			DATE	MONT	H DAY	YFAR	7d HOUR 4:15
Male		lack	7-4-41	40	YRS.	ns DATS HOURS		DEAD	1		1982	a.M
BIRTH FOREIGI	PLACE (STATE O	DR .	6. CITIZEN OF WH	AT COUNTRY?	8. MARR	ED NEVER MARE	RIED 9. BA	LTIMORE CIT	_			1000
Ala	abama		USA		WIDOW				ce Geo			MD
10 CITY C	R TOWN OF D	EATH		PITAL, NURSING HO		ER INSTITUTION	FOR MOST C	CCUPATION F WORKING (IFE)		OR	INDUSTR	Y
	verly			orge's Ger		Hospital	Brick	Laye	er Fo	rema:	n	
130 STATI	vland	136. COUNTY		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e. STREET A					
	R'S NAME	Пап	IIaiii			15. MOTHER'S MAID	EN NAME	Glen	Arde	n Pa	rkwa	Y
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7601 Sandy Spring Rd Laurel Md 20707

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STATE OF MARYLAND

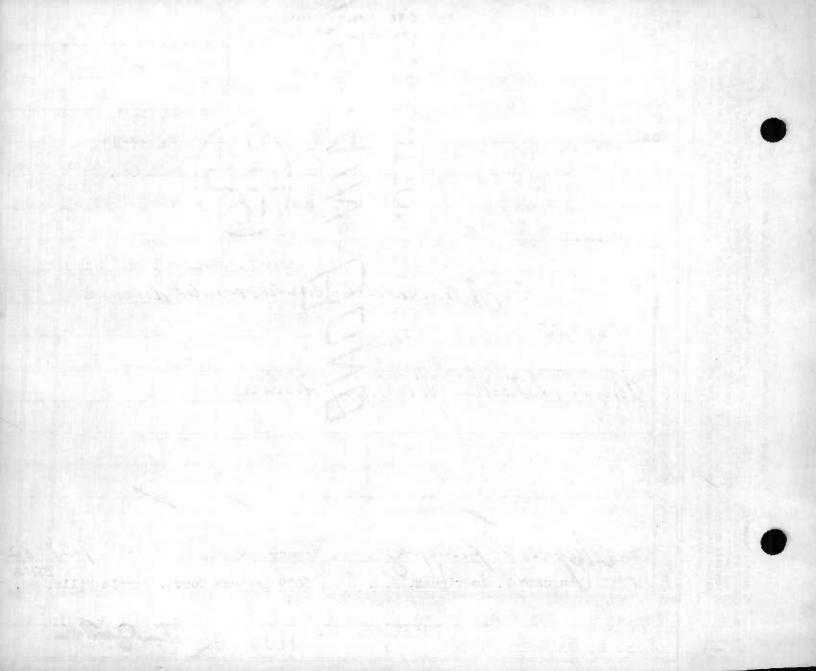
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-10:14 DEATH MATED Jan. 9, 1982 Henry Jezierski AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 10:14 1982 DEAD Male 3, 1921 White June 60 YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. WIDOWED A Prince George's County Massachucetts DIVORCED AND 3 TO THE H 3. RETAIN PAGE 3 SHOULD BE FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Greater Laurel-Beltsville Hospital Gov't. Worker Laurel N.S.A. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 113b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland P.G. Co. Beltsvilke YES S 4900 Brandon Lane NO [AND 2 SI 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, Y LAST MIDDLE LAST MIDDLE Bronislas Julia Jezierski Cassick 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 012-14-9135 W.W.II Bronislaw Jezierski Same as # Yes APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ALTH AND MENTAL HYGIENE, MMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). < CERTIFICATION USED 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURLAL YES NO IX BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED TIE. PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM FTC) STREET CITY OF TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: Inspection X 270. I certify that I took charge of the remains described above, held on Inquiry X Autopsy and in my apinion Natural causes death resulted from: Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Augusto P. Rodriguez, M.D. 5009 Rayburn Ct. Temple Hills ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 73r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Jan/12 Gate of Heaven Cemetery Silver Sprong, Mont. Co BP. 24. FUNERAL DIRECTOR **DHMH-17** ADDRESS (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Dorothy Louise John son Jan 28 1982 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 28 1982 DEAD June 29,13 Female White 68 YRS WITHIN 7. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington, DC WIDOWED DIVORCED Prince George USA FILED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION AIN PAGE FOR MOST OF WORKING LIFE) OR INDUSTRY Library of District Hts Foster Street 3. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3. RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS, Film Editor Congress 13e. STREET ADDRESS 130 STATE 13b. COUNTY 13c. CITY OR TOWN T3d. INSIDE CITY LIMITS? 6328 Foster Street Maryland Geo NO [Dist HTS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CHIEF MEDICAL EXAMINER ALONG WITH FORM PA USED AS A BURIAL TRANSIT PERMIT PAGES 1 AND 2 OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RIAL, CREMATION, OR REMOVAL. MIDDLE MIDDLE LAST FIRST Mangum Frances Shorb 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) No 578 26 0577 William F. Johnson/Son Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per for (a), (b), and (c).) rollistic Cardio vascular duca PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION INEST TO SERVING THE WURE FOR THE PARTIES AND THE CHIEF AND TO SERVING SHOULD BE USED AT THE STATE DEPARTMENT OF HE STATE DEPARTMENT OF H 19g. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO P 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 To HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STANGORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion Hamicide Undetermined monner death resulted fram: Natural causes TITLE (SPECIFY) Deputy MEDICAL EXAMINER 20748 EXAMINER'S NAME Augusto Rodriguez, M.D. ADDRES 5009 Rayburn Court, Temple Hills. Md. 230 BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Arlington National Virginia Burial Feb1982 Arlington FEB 3 1982 24. FUNERAL DIRECTOR Md. **DHMH-17** ADDRESS Robert E. Wilhelm Funeral Home (VR A15 ME (5) 15M 2/80



BP.

DHMH - 16 50M 1/B1 (VRA 15, 4)

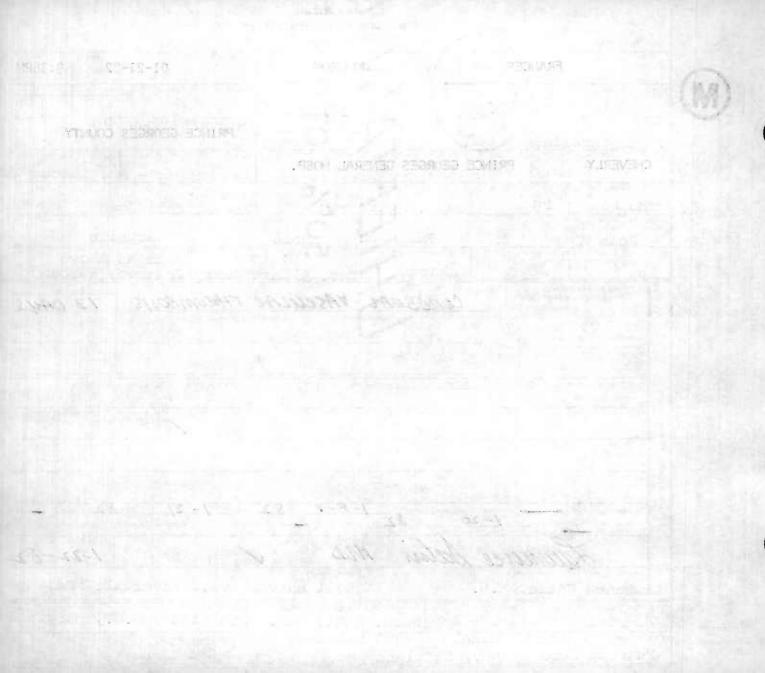
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather traum

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ALE OF DEATH	REG.	NO	
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3. SE	X	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST	BIRTHDAY] IF UNDER 1 YEAR	
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	COUNTRY	76 CITIZEN OF WHAT COUNTR	XY? 8	NEVER MARRIED		OR COUNTY OF DEATH	ITV
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14 F.	ATHER'S NAME FIRST John	T. RO	binson	MOTHER'S MAIDEN NAM	ME MIDDLE	Hopkins	LAST
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	BURIAL, CREMATION, REMOVAL BURIAL			ETERY OR CREMATORY	236 LOCATION	nd, P.GUNIY	Mary Pan
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

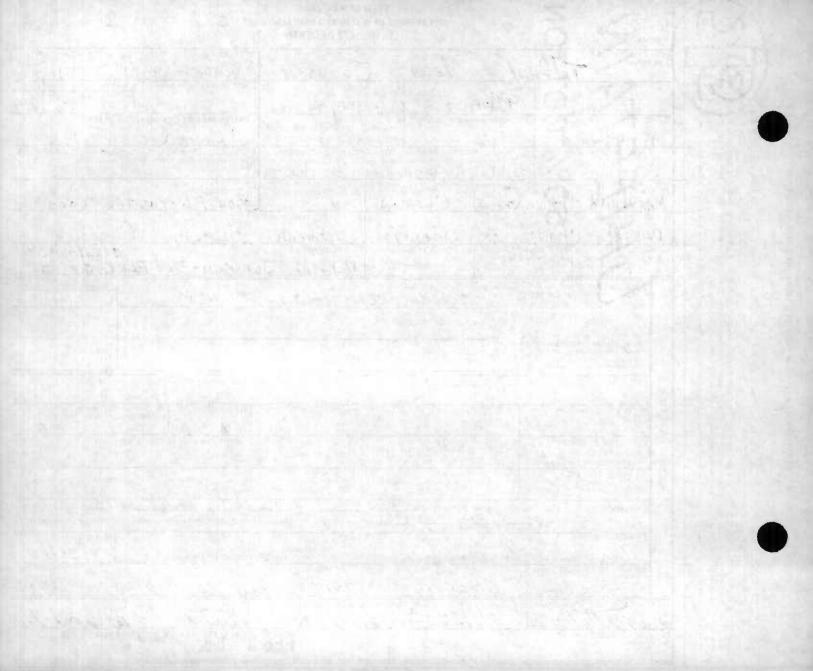
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12-	FOR 1 - STATE	DEPARTMENT OF HEALTH AND MENTA	
	(TYPE OR PRINT)	MEDICAL EXAMINER'S CERTIFICATE MIDDLE LAST	20. DATE KNOWN MONTH DAY YEAR 726 HOUR
PLEASE EGTOR FILES FOURS STREET.	3. SEX 4. RACE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS	DEATH MATED / - // 19 % 7 M DER 24 HRS. 2c. DATE MONTH DAY YEAR HER PRONOLINCED
CAN SELLY	Male White 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia	10 5 35 46 YRS. 7b. CITIZEN OF WHAT COUNTRY? U.S.A. WIDOWED DIVISION	RRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
73	10. CITY OR TOWN OF DEATH Riverdale	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Leland Memorial Hospit	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
AND THE HOULD BE SECORDS	13e. STATE 13b. (OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13c. CITY OR TOWN Prince Georges College Park YES & NO	2 13e. STREET ADDRESS
DEETH HOEST, 2, WAY PAY 3, AND 2, S OFWITAL	14. FATHER'S NAME FIRST FREDERICK	W. Johnston 15. MOTHER'S MA	e Brown
JRS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION		rean 256 50 3706 Lorraine	E. Johnston Same as #13 (Wife)
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUR "PRODING" IN PENCIL IN ITEM 18. "F MEDICAL EXAMINER ALONG WED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, D.L., CREMATION, OR REMOVAL.	Canditians, if any, gave rise to imme cause (a) stating the Lying cause last. PART 2 QHER SIGNIFICANT COND	chich diate (b) Epidermaid Carcinon	Icomplications
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TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W FOR A SHOULD BE FORWAT TO FUNERAL DIRECTOR: PAA AFTER DEATH, WITH THE STA' BALTIMORE, MARYLAND, 21'	220. I certify that I taak death resulted frage ACTUAL SIGNATUR	charge af the remains described abave, held an Autapsy , Inspec Natural causes , Accident , Suicide , Hamicide TITLE (SPECIFY) M.D.	Inquiry , and in my apinian Undetermined manner , MEDICAL EXAMINER DATE SIGNED 1/12/82
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8	1	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARYI EALTH AND ICATE OF	MENTAL HY		REG. NO.	0 2	5 ! 5
35		CEASED NAME E OR PRINT)	Anne		MIDDLE		Jones		20 DATE OF 1	6-1982	DAY Y	2b. HOUR 7:00 A M
(M)	3. SE	× Female		Whit	e	S. DATE C	F BIRTH	1904	6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER	
death. For an Z2 b		Penn.			WHAT COUNTRY	? 8. MARRIE WIDOWE		MARRIED		nce Geo		TH MD.
by the fu	(Clinton	1	6809 I	HOSPITAL, NURS THEACHITY, GIVE STREE Pulford	Drive	R OTHER IN	STITUTION	12a. USUAL O (TYPE OF WORK F Reti	CCUPATION OR MOST OF WORK red		IND OF BUSINESS OR STRY FOVT.
AND 21:	13a. :	AL RESIDENCE (IF NURI Maryland	ул сони		GIVE RESIDENCE BEFO		YES-	CITY LIMITS?	13e STREET AI 129		r. For	est Heights
ompletely and 2 s		James		IDDLE	Wrig			rs maiden na First Bridge	ME	MIDDLE		alarky
be execution and construction and constr	16a \	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	577-28-		Robe	rt P. J	ones 3	ADDRESS O2 Ella		Pl Oxon Hil
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours rathending physicion. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled in by as the burial-transit permit, or ather troumotic event, the medical examiner must be not approved.	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAL	nediate g the lost	(c) ONDITIONS <u>CC</u>	R AS A CONSEO	DEATH BUT	ula	A de	200 AUTOF	SY? 20b.	IF YES, WERE F	INDINGS USED USES OF DEATH?
MUSION OF VITA UG PHYSICIAN; The ottending physicio frer this certificate by ss the buriol-transif h and Mental Hygie h ond Mental Hygie nrked octien[18 sho	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING CIFETIMER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DE AT	P. 21e. PLACE	M. MONTH 1 M.	DAY YEAR 19	21c HOW II	NJURY OCCUR		_		RT 2)
O HOSPITAL OR ATTENDIN etained by the hospital or TO FUNERAL DIRECTOR: At should be detached for use owith the Store Dept. at Health MPORTANT; if them 21 is man appearant.		27d PHYSICIAN'SNA Edward	May in the	rian the book			DEGREE 122 DORE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF] PHYSICIAN [d hour and Iro	, that (I) () last m the couses stated DATE SIGNED
BP		BURIAL, CREMATION, (SPECIFY) Burial		23b. DATE 1-19-	-1982 I	Resurre	ection	CREMATORY Cemete:	23d. LOCAT	linton	COUNTY P.G.	Maryland.
DHMH - 16 50M 1/81 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME 6160	George Oxon	e P. Ka Hill Rd	las Fune	eral Ho	ome Maryla		AN 25	SISTRAR 256. RE	ŝTRAR'S,⊗N	SNATURE//scien

7:00141	1-16-1482	(30.70)	• = -	
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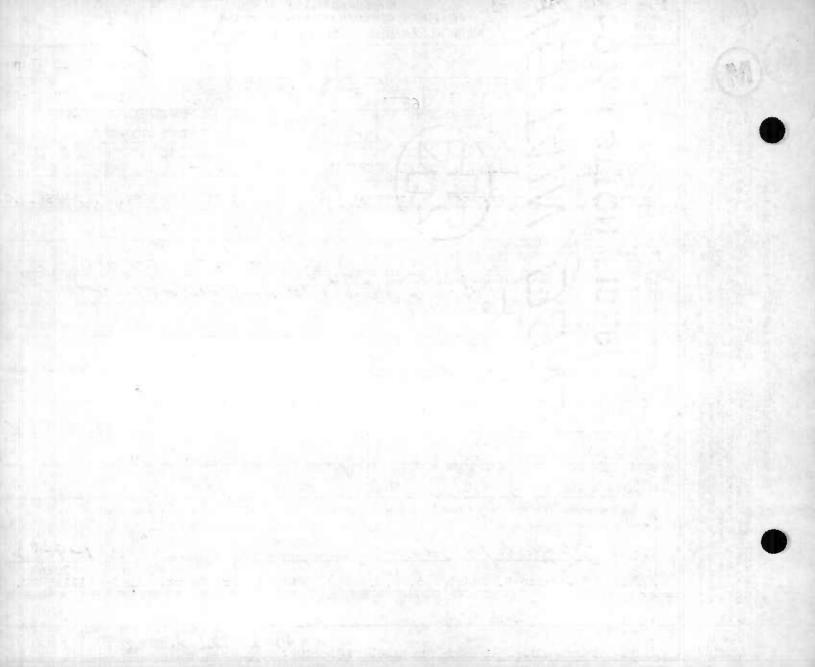
71		OR				MENT OF		AND M	MENTAL				0	2	5	1	6
	1. DEC	EASED NAME OR PRINT)	FIRST		MIDDLE 1.	EXAMIN	Ü	RTIFI		OF DEA	20 DATE	REG KNOWN ESTI- H MATED	-	1-1	DAY	- 1	25 HOU
	3. SEX	LE	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY 11-3-17	YEAR	6. AGE (IN YEA LAST BIRTHDA 64 YE	RS IF UND			AAINI	2c. DAT	TE INCED	MC	1-1 ONTH 1-1	DAY	82 7; 82	25 AT
7	WA		.C.	Th. CITIZEN OF WE			WIDOWE	D	EVER MARR	ED	PRI	MORE CIT	EORG	GES	Y OF DEA	TH	M
-	P.		OUNTY	PRINCE (EORG	ES GENE	RAL H			Pos		SER	VICE ITYPE OF V	NORK 12	GOV	OF BUS	INESS Y
2	130. ST MA	RYLAN	D PRIN	CE GEO.	13, CITY	OR ICWN	1	YES 🔼		.1.		JESTLA	AND	RO!	AD		
	WI	LLIAM	H. JON			LAST		BES		EN NAME	(UNK	MOON			LAST		
	160. W	s, no obunkno	DEVER IN U.S. ARA	AED FORCES? WAR OR DATES)		B-05-5		FAY		JONE	S S	dir.	LÄNI	TIA	·ARY	RAR	B
	NOI	gave ris couse (o) lying cou	GNIFICANT CONDITIONS C	DUE TO, OR (c) CONTRIBUTING TO DEATH		NSEQUENCE C		OR CONDITIO	ON GIVEN IN PA	ART 1 (a)							
2	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	IONFOR	WHICH OPER	ATION WA	S PERFO	RMED?				==		20 AUT	OPSY?	NO XX
3		UNDERLYING	L CAUSE WAS OR OG CAUSE OF D	EATH P.M	. MONTH	DAY YEAR	21c HO	W INJUR	Y OCCURRI	ED (ENTER	NATURE OF	INJURY IN ITE	M IB PART	OR PART	2)		
	MEDICAL	21d. INJURY C	NOT WHILE AT WORK	2 PLACE C STREET, FACT			21f. LOC.				CITY OR T	OWN		COUN	4TY		STATE
2		220. I certif deoth resulte ACTUAL SIGNATURE	y that I taok charge	e of the remains des al causes X,	Accident	a sui		Hom TITLE (Undet	Inquir ermined r	manner [],		1-1-		0.50
4501			TION, REMOVAL 2	3b. DATE	23c.	NAME OF CEA	ETERY OR	CREMAT		23d. LC	ORTOWN			COUN	MD.		
		INERAL DIREC	TOR	1-6-82 SON 5635	100	INCOLN DS ST.			250 DATE	REC'D. BY	ITLA REGISTA 1982		MARY REGISTRA		GNATUR	E.	

92 .2340t) WALLIE 99 ZI-Z-11 ZIVI ETW (a) 4 1-1 82 7A PATTORNE BESTANDE GEORGES GENERAL PASCALLAT the Carling the state of the management of the state of t CB-1-1 AUGUSTO P. RODRIGUEZ MID. . . . SOUN PAYOURN CT. CAMP SPRINGS, RD. GEO. PD. 20743 THE PARTY OF THE P SAR Comment Same THE REAL PROPERTY OF THE PARTY OF THE PARTY

	1-	FOR STATE		DEPARTMENT OF HEAL	TH AND MENTAL HYG	HENE 2 0	2511
		REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF D	DEATH REG. NO.	
		CEASED NAME FIRST		WIDDLE	LAST	OF ESTI-	TH DAY YEAR 26. HOL
		William			ones	DEATH MATED 1	CDO 19 82
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER 24 H		H DAY YEAR 2d HOU
		ale Negro	3-2-30	51 _{YRS.}	DATS HOURS MIR	DEAD 1	€10 19 82
		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY? 8. MA	RRIED X NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
1		D. C.	USA		OWED DIVORCED	Prince Geor	pp s M
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HOME, OR CACILITY, GIVE STREET ADDRESS)	OTHER INSTITUTION 120	I. USUAL OCCUPATION (TYPE OF WOIL FOR MOST OF WORKING LIFE)	OR INDUSTRY
		Cheverly		George's Genera	1 Hospital DOA		None
1	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME TATE 13b. COUR		IN RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	
ı	M		P.6	Hyattsville	YES X NO	1411 Legation R	oad
-	14. FA	THER'S NAME	WIDDLE	LACY	15. MOTHER'S MAIDEN N	IAME MIDDLE	LAST
	R	obert	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jones, Sr.	Unknow		Brooks
	160. V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	Yes	(IF YES, GIV	E WAR OR DATES!	Unknown	Mrs. Sylvia	a E. Jones/wife/	same as 13e
		18 CAUSE OF DEATH (Enter o	nly ane cause per lin	e far (a), (b), and (c),)			APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSE	ED BY:				BETWEEN ONSET AND DEATH
		I MMEDIA		Cancer of the	esophagus		
		1509	DUE TO, OF	R AS A CONSEQUENCE OF			
		Conditions, if any, which					
	-	gave rise to immediate					
		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OF	R AS A CONSEQUENCE OF			
		Tyring Couse last.	(6)				
		PART 2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1	a.l.	
	Z				THE CHILD HOLD WITH THE TY	VI.	
-	A E	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
1	CERTIFICATION		200				
1	E	21g. EXTERNAL CAUSE WAS	21b. TIME O	DE INJURY 1214	HOW INJURY OCCURRED IS	NTER NATURE OF INJURY IN ITEM 18 PART 1 OF	2.61
die of		UNDERLYING OR CONTRIBUTING CAUSE OF		M. MONTH DAY YEAR	WORL OCCURRED (E	THE STREET STREET STREET	4/
b	MEDICAL	CONTRIBUTING CAUSE OF			LOCATION		
	AED	WHILE SHOT WHILE		CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	-	WHILE NOT WHILE AT WORK					
		220. I certify that I taak char	as of the remains de	escribed abave held as A	tapsy , Inspection	X, Inquiry X and in my	4 appoints
		,					финал
		death resulted fram: Natu	urol causes X,	Accident . Suicide	, Hamicide U	Indetermined manner,	
		A	SD	1)	TITLE (SPECIFY) .		
		SIGNATURE //LIQU	800 M	trangue	M.D. Deputy	MEDICAL EXAMINER SIG	TE 1/10/1982
-			//				
4	1000	EXAMINER'S NAME Augu	sto P.Rod	riguez, M.D.	ADDRESS_5009 Ray	burn Court, Temp	le Hills, Md.
	-	URIAL, CREMATION, REMOVAL		1236. NAME OF CEMETER		3d. LOCATION	
	(5	PECIFY)	1-15-82			Brentwood,	Md.
	74 5	Burial	1 13 02	Te. mileo.		D. BY DECISTOAD MA DECIS	
	-	NAME	ADDRES		JARKE	BY REGISTRAR PAREGIS HAT	DIMMAPOREY
		John T. Rhines	0.,3015	12th St., N.E.	20017	- 1002	

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X		1.	tem 8 g564	+ 2/17/	/82 gj	DEPAI	STA RTMENT OF		ARYLAN I AND MI		IYGIEN	\$ 2	0	2		8
1	1		STATE REGISTRAR		N		LEXAMIN	ER'S C	ERTIFIC	CATEO	F DEA	TH	REG. NO.	1		
(M)	X		CEASED NAME PE OR PRINT)	OIS		MIDDLE			JORDAI	Ŋ		20 DATE K OF DEATH /	ESTI-	MONTH	8 8 19	2 7:pm
		3. SE.	200	Black	5. DATE OF BIR	YEA YEA	6 AGE (IN YE.	MONTH	DER 1 YR.	IF UNDER	· MIN	2c. DATE	ED	MONTH		EAR 24 HOUR
ECESSA.	MARKAL MARKAL PRESTO	7a B	RTHPLACE (STATE OR DREIGN COUNTRY) N. C.		76. CITIZEN OF	WHAT CO		n.	ED NE	VER MARRI	ED 🗆	9 BALTIMO	RECITY OR			Н
ELAY IS N	AND 3 TO THE FILED AND STOLED FOULD BE FILED SECORDS, 201 W	<	RIVERDALE		11. NAME OF H (IF NOT IN SUCI	D MEM	NURSING HOME VE STREET ADDRESS) ORIAL HO	OR OTH	ER INSTITU		12a USU FOR A		TION (TYPE O			
MD. 21201	AGES 1, 2, AND 3 TO 1 REW PM 3. RETAIN PA 1 AND 2 SHOULD BE P V OF VITAL RECORDS:	13a. S	AL RESIDENCE (IF IN N TATE MARYLAND	136 COUNT	TY	13€. €	NCE BEFORE ADMISSI ITY OR TOWN RIVE		13d INSIDE CI	NO		ET ADDRES		ST. P	1.E. W	ASH.D.C.
, MD.	GES 1, 2, M PM 3. AND 2 S OF VITAL	14. F.	ATHER'S NAME		WIDDLE		LAST		F	R'S MAIDE		MID	DLE		LAST	
BALTIMORE,	FORM FEST AN	160.	John Goe:	R IN U.S. ARA	AED FORCES?	16b. S	OCIAL SECURIT	r NO.	17. INFORA	Adylac	de		ADDRESS	Sil	ler	
ALTIV	8. GIVE PAG WITH FOR IT. PAGES 1 DIVISION C	,	es, no, or unknown) NO	(IF YES, GIVE V	WAR OR DATES)	2:	37-05-47	82	Mr.	Berna	ard N	. Jor	dan/hu	sban	nd/sam	e as 136
CORDS, 201 W. PRESTON ST BE EXECUTED WITHIN 24 HOL	"FENDING" IN PENCIL IN ITEM 1: F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to cause (o) statin lying couse los	immediate ag the <u>under-</u> t.	(b)	OR AS A C	ONSEQUENCE (ONSEQUENCE ()F	OR CONDITION	N GIVEN IN PAI	RT 1 (a);					
ITAL RE	유 배 집 표 ㅋ ㅋ	CERTIFICATION	190. DATE OF OPER	ATION	19b. CON	IDITION FO	OR WHICH OPER	ATION W	AS PERFOR	MED?					20 AUTO	
DIVISION OF VITAL RECORDS,	ITING THE WORD DED TO THE CHIE E 3 SHOULD BE US! EPPARTMENT OF	CALCERT	210. EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A	P.M.	TH DAY YEAR			OCCURRE	D (ENTERN	FATURE OF INJUI	RY IN ITEM 18 PAI	RT 1 OR PAR		I NO D
DIVIS THIS CER	AAR AAR 1ATE 2120	MEDICAL		RRÉD T WHILE C WORK		E OF INJU	RY (AT HOME. M, ETC.)		TREET			CITY OR TOWN	/	cou	UNTY	STATE
MEDICAL EXAMINER:	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: B AFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, S	2 -	22c. I certify that death resulted fra ACTUAL SIGNATURE EXAMINER'S NAMI (TYPE OR PRINT)	Neggi	e of the remoins, al causes	Accide		Autaps cide M.	Homic TITLE (S	PECIFY)	Undete MEDI aybur		ner	DATE SIGNE	2	7-82- 0748 s, Md.
		(URIAL, CREMATION,	REMOVAL 23			It. NAME OF CE				23d. LO	CATION Suitl	and	COUN	Md.	STATE
(VF	DHMH - 17 R A 15 ME (5))	24 F	urial UNERAL DIRECTOR NAME Ohn T. Rhi	ines C	1-15-8	ESS	Lincol			25 JAN			25 REGIST	(A) S.S		ages.
	15M 2/80						TARREST OF THE PARTY	- 1/4								



NAME Donaldson Funeral Homegres Laurel, Md

FOR STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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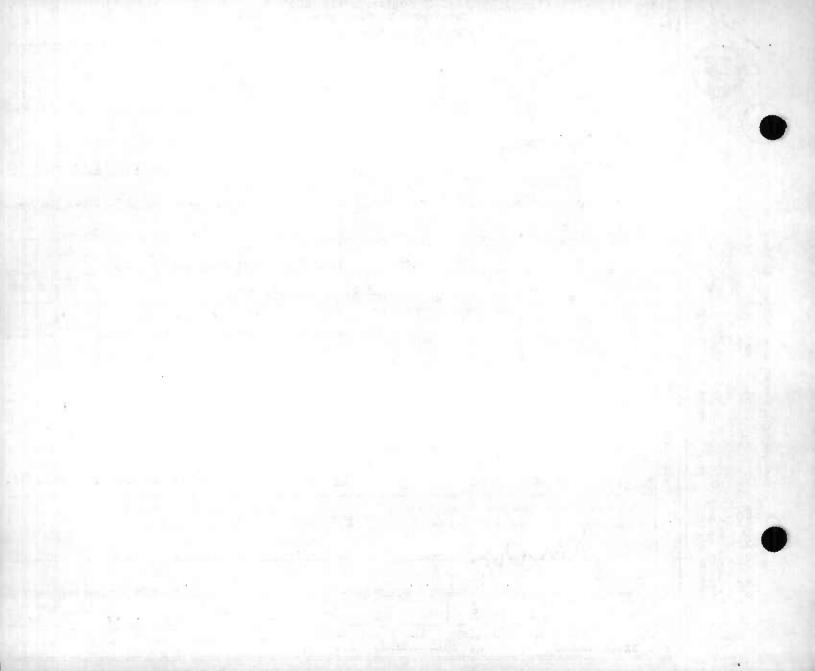
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Significations

and the state of t Chickon Continue of Hospital Call Mintence allied Chem Co of the property of the second Укалітан ісверініне ---- (286-01-3568 Em. Jouis Naufman 1205 Evan Hambour Cirole Sometime of the day of a granter of the state of um. B.A. 103crneuthy 5040 St. Mamadus Bd. Oren Hill, Ed. .rv.w [fararall o fivebrue] 1-17-1982 Chart the December 6160 oxon Mil Rd. Oron Hill, Laryland ARM 2 120 El.

		REGISTRAR	FIR	ST	M	MIDDLE	EXAMIN	EK'S C	ERTIFICATE C		H DATE KN	REG. NO		DAY YE	AR Z
1	(TYF	E OR PRINT)	WI	LLIAM		J.		KEN	NDALL	120	OF E	STI	1		32
	3. SE		4. RACE		TE OF BIRT	Н	6. AGE (IN YEA	RS IF UND	DER I YR. IF UNDER		DATE		MONTH		AR
	ma	le	white		DA	, 1947	3 4yr		DAYS HOURS	MIN. PE	DE AD	D	1	19 19 8	32
1	FC	REIGN COUNTRY	ATE OR	7b. C	ITIZEN OF	WHAT COU	NTRY?	0	D NEVER MARR	IED 9.	BALTIMOR	E CITY O	COUNT	Y OF DEATH	
			D. C.			SA		WIDOWE	D DIVORC	ED X				Coun	гу
4	10. C	TY OR TOWN		/ //	NOT IN SUCH	FACILITY GIVE	STREET ADDRESS)		RINSTITUTION	FOR MO	L OCCUPAT	G LIFE)		OR INDU	STR
	USUA	Cheve		PI IOME OR OTHER	ince	Georg	e's Gen	eral	Hospital	Во	iler	nake:	r he	lper-	Co
	13a. S	Md.	113b/C	OUNTY	(1 1 1 1 1 1 1 1 1	13c. CIT	t. Hqt		13d INSIDE CITY LIMITS?		ADDRESS	-			
4	14 F/	THER'S NAME				DIS	c. ngc	\rightarrow	YES NO 1	I 661	2 Ati	wood	Str	eet,	AI
		Willi	S	L.	LE	Ken	dall	-34	Ethel	Z	V.	LE	Kit	chen	
1	16a V	AS DECEASED	EVER IN U.S		ORCES?		CIAL SECURITY	NO.	17. INFORMANT	97.		ADDRESS	1/1	Abov	
A		Io	(ir ses	, GIVE WAR OR	DATES	Un	known		Robert Ke	endal	1, B:	cothe	e as	VOGA	е
		18 CAUSE O	F DEATH (Ent	er only one	cause per li									APPROXIA BETWEEN OF	NATE I
		C. ~		EDIATE CAL					ne intoxic	ation					
		950	os, if ony, w	hish (DUE TO,	OR AS A CO	NSEQUENCE O	F							
	-	gave ris	e to imme	diote)	(b)										
		lying cau	stating the <u>u</u> se lost.	nder-	DUE TO, C	OR AS A CO	NSEQUENCE O	F				1			
1		PART 2 OTHER SIG	NIFICAN) CONOL	TIONS CONTRIR	(c)	THE BHIT HAT BEI	ATEO TO THE TERMIN	AL DICTACE	OR CONDITION GIVEN IN PA	A7 1		+			
	NO			-	OTHE TO SEA	THE SOL HOLDE	ALLO TO THE TERMIN		OK CONDITION GIVEN IN PA	IKI I (a).					
	ATK	19a. DATE OF	OPERATION		19b CON	DITION FOR	WHICH OPERA	TION WA	S PERFORMED?					20 AUTOP	SY?
	TIFE													YES D	0
5	MEDICAL CERTIFICATION	210 EXTERNA		S		OF INJURY	DAY XEAR		W INJURY OCCURRE		URE OF INJURY	IN ITEM 18 PA	ART 1 OR PAR	T 2)	
1	ICAL	CONTRIBUTION	IG CAUSE	OF DEATH	? p	.m. 1	/19/82	-	ested drug	3				4	
	MED	WHILE	NOT WILLIAM	DX1		E OF INJURY		211 LOC	ATION P	nte	и форму	Hote	cou	NUG CO)
		AT WORK	AT WORK		TIONE				110 0001	014			., .		
		22a. I certif	y that I taak o	harge of th	e remoins d	lescribed ob		Autapsy	/ X Inspectio	n	Inquiry [], ond	in my opi	nion	
113		death resulte	d from:	Natural cou	ses 🔲,	Accident	L, Suic	ide X	Homicide	Undetern	nined mann	er .			
		ACTUAL	M	1	1.0	h			TITLE (SPECIFY)				DATE		
1		SIGNATURE_	10	VI,	NY	00	_	M.D	Assistan	MEDIC.	AL EXAMINI	ER	SIGNE	1-21-	-8
		EXAMINER'S I	NAME IT)	Ann M	1. Dix	kon, M	.D.	A	DDRESS 11	1 Penr	st.				
1	23a.B	RIAL, CREMAT				1236	NAME OF CEM	FTERY OR	CREMATORY	1234 100	ATION				
	(remat	ion	1-2	22-82	2 Ce	dar Hi	11 0	rematory	Sui	tland	1, P.	G.	Mary	Ita
	24 61	NEDAL DIREC	100		1 2 2	-									-
1	24 Ft	NERAL DIREC	Robt	E W	rd.	T.m	tland,	uit.	land 25 ANE	2 7 19	STRAK	SINCE	GL.	Marth	Page 1



	1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 3 2	0	2 .5	2	2
		CEASED NAME OR PRINT)	FIRST		MIDDLE		AST	20. DATE OF DEATH			2b. HOUR	
	3. SEX		WILLI	. RACE	L.	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST		UNDER I YEAR	8:30	HRS.
- 11		Male		White			Feb. 23,23	58	YRS.	DATS	HOURS M	NIN.
35	C	RTHPLACE (STATE OF F OUNTRY) Maryland	OREIGN 71	. CITIZEN OF USA	what countr	Y? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	PRINCE GE		OF DEATH		MD.
74	10 CI	CHEVERLY	TH I	I. NAME OF	HOSPITAL, NURS THE FACILITY, GIVE STRE GEORGE S	SING HOME C BET ADDRESS) GENER	AL HOSPITAL	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Boiler M	TOF WORKING LIFE	INDUSTRY	struct	
35	13a. S	L RESIDENCE (IF NURS TATE ryland	13b. COUNT	THER INSTITUTION Y		ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES		reet	#4	
1 5	14. FA	THER'S NAME FIRST	M	DDLE	LAST		15 MOTHER'S MAIDEN NA	AME		LAS	1	
00		Jerry			endall		Louis			eele		
		AS DECEASED EVER ES NO OR UNKNOWN) Yes		ED FORCES? WAR OR DATES) I	579 18		Raymond L	5011		l Lor estvi		Dr Md
	7	Canditians, if any, gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	nediate g the last.	(c)		IS OF I	IVER NOT RELATED TO THE TERA	MINAL DISEASE OR CC	DNDITION GIVEN	N IN PART 1(0	0.	_
	CERTIFICATION	19a DATE OF OPERAT	TION		- 13	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		
9		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	,	DE INJURY M. MONTH M.	DAY YEAR	21c HOW INJURY OCCUR					110
	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE		E, FARM, ETC.	ZII LOCATION	CITY OR	town	COUNTY	STATE	E
		220.1 certify for (1) sow 1 disease show 1) Vel (6) 179. SIGNA-ORE	ed all	- 1	/	12 00	DEGREE	death accurred on the		and from the		
- CARAN	00.	1	rutt	SSL	non	5	7500 GREE		OR. C	207	BUT	- Mal
	(S	URIAL, CREMATION, SPECIFY) COMATION NERAL DIRECTOR	REMOVAL	9Jan		Cedar	EMETERY OR CREMATORY Hill Crema land, Md	23d LOCATION CITY OR TOWN TORY Sui	tland	PG	STATE MC	<u>d</u>

E. Wilhelm Funeral Home

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

01-11-12 SE30 H .1 = 11114 2,200000 ECN132 CIRRHOSIS OF LIMES ZETTI SE COME LESTE

MARKET SILVER LANDER SOLL CHES & FOR LINE

- STATE

TYPE OR PRINTE

DHMH - 16 50M 1/81 (VRA 15. 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH 2b. HOUR M. Kennedy IF UNDER I YEAR 96 BALTIMORE CITY OR COUNTY OF DEATH Hyattsville. Md. 12b. KIND OF BUSINESS OR Ret. U.S. GOV INDUSTRY 13e. STREET ADDRESS 2915 Ordway St. N.W. Hilleary ADDRESS 2712 Military Rd. 5962 Mrs. W.J. Hegarty Wash.D.C. APPROXIMATE INTERVAL 1 hour VALTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) opinion death occurred an the date and haur and from the causes stated 22¢ DATE SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN STATE Suitland, Md. Cedar Hill 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wisc. Ave. N.W. W WASh. D.C. 20016

at the sign of 71, 71, 71, 71 . The same area of the same of 1. 2. 0 . No. de vanier and Transfer to the second of the Establish ATT CARD 10101 Jan. 27, 1082 Looder Bill Shitlens, Md. Para Constantin

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE I. DECEASED NAME 20. DATE KNOWN ANTH (TYPE OR PRINT) OF ESTI-RALPH KERN. Sr. 4 RACE . 15. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS SEX DATE LAST BIRTHDAY MONTHS PRONOUNCED Male White June 19, 1921 60 YRS 70. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 7. BALLIMORE CITY OR MARRIED NEVER MARRIED Virginia U.S.A. Prince Georges WIDOWED [DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK AND OF BUSINESS FOR MOST OF WORKING LIFE) ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME CROTHER INSTITUTION Lanham Doctor's Hospital Of Prince George Manager SHOULD BE Mechanics USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE WITH BELLING ADMISSION) Prince Geo. Maryland 7746 Frederick Road 13d. INSIDE CITY LIMITS? Lanham Hills 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM P. MIDDLE LAST Elwood Nellie Kern Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS YY NO OR UNKNOWN) 224 10 8628 Florence E. Kern Same as #13 ical Examiner Along Wil A Burial - Transit Permit, P H and Mental Hygiene, Din Mation, or Removal. 18 CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c).) evid Scherater Cardis Vasculer diseas IMMEDIATE CAUSE (DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. OF HEALTH AND MI PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ~ CERTIFICATION USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES [ARDED TO THE CHARTE SHOULD BE U 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STY BALTMORE, MARYLAND, 21 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Court, Temple Hills, Md. Augusto P. Rodriguez, M.D. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/26/82 Maryland Veterans Cem. Cheltenham P.G. Maryland Prayie Ser Gasch's Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Hyattsville, Maryland (VR A15 ME (5)) 15M2/80

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-		THER'S NAME					15. MOTH	ER'S MAIDE						1010
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50-		Rupert	EVER IN U.S. AR	MED FORCES?	King	SECURITY NO.	17. INFOR	elaid		-	ADDRESS		ollar	<u>a </u>
O	(YES	, NO, OR UNKNOV	VN) (IF YES, GIVE	WAR OR DATES)					-				"	y maga
		VO	Nor			2-1859	Mrs.	Doree	en Kin	g (Wi	ife)	Same		13.
DIVISION		18 CAUSE OF	DEATH (Enter or ATH WAS CAUSE	nly one couse per line	far (a), (b), ar	id (c).)							BETWEEN	MATE INTERVAL
ENE.		CARTIDEA		TE CAUSE (a)	sphyxi	9.								
BURIAL-TRANSIT PERMIT. IND MENTAL HYGIENE, D IN, OR REMOVAL.	2	7/2	0	DUE TO, OR	AS A CONSE	QUENCE OF								
N I N			s, if any, which										- 47	
EN TA		cause (a)	stating the <u>under</u> -	<	AS A CONSE	DUENCE OF								
OR B		lying caus	e last.											
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L. CREM	CERTIFICATION	prost	atic car		HOLLEON MIL	ICH OPERATION	14446 050600							
C. C.	Į į	178. DATE OF	DERATION	198. CONDI	ION FOR WH	ICH OPERATION	WAS PERFOR	(MED?					20 AUTO	PSY?
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28		210. EXTERNAL UNDERLYING	CAUSE WAS	21b. TIME OF HOUR A.A	MONTH D	AY YEAR 21c.	HOW INJURY	OCCURRED	D LENTER NATE	URE OF INJURY	Y IN ITEM 1B F	PART 1 OR PAR	T 2)	
ND, 21201 PRIOR TO BURIAL.	IS	CONTRIBUTIN	G CAUSE OF	DEATH LO P.M	Jan. 2	9,1982 C	hoked	while	takin	g med	licat:	ion (Pills)
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2	2	WHILE AT WORK	NOT WHILE		ome	67		Hamps	shire	Ave.	#1010	O Tak	oma Pa	ark,
212	,									-	11		.Co.,	Marylan
9/				ge af the remains des		-		Inspection	١, ا	Inquiry	A, an	d in my api	inian	THUL Y LOLL
ARYLAND		death resulte	d fram: Natu	ral causes ,	Accident 2	, Suicide L	Hamid	cide	Undeterm	nined mann	ner,			
WITH THE STATE ARYLAND, 21201 P		ACTUAL	A			MA		SPECIFY)						
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ORE		TV A SAIR IP N/C .	1	- /	//	0							7 to 11.	2
AFTER DEATH, BALTIMORE, MA	10	EXAMINER'S N TYPE OR PRIN	Dr.	Augusto I	. Roll	iguez	_ADDRESS_	5009	Raybu	irn Ct	t. Ter	mple	Hills	. Md.
BAL	23 a. BU	RIAL, CREMAT	ION,REMOVAL	23b. DATE		AE OF CEMETERY		ORY	23d. LOCA			s Aguille		
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-		NERAL DIRECT				1001 11111	Cerme	ES DATE OF	ECD. NO	STRAK!	11.000	MARS ST	GNATURE	Tyland
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	STATE OF MARYLAND	1
FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	Ö

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2	0	ha	.)	Lu	1

		REGISTRAR			this of beati		REG. N	0.		
		CEASED NAME FRST	WIDDIE	L.	AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
	(ITPE	Margaret M. Essex Kni			ight	J	anuary 4	4, 198	2	11:40P
	3 SEX	(4 RACE	S. DATE C		6	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	F	emale	Cau.	MONTH	DAY WE	AD			NIHS DATS	HOURS MIN.
				Aug	. 21, 19	910	71	YRS.		
1		70. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8			NEVER MARRIE	ED I	9 BALTIMORE CITY OR COUNTY OF DEATH			
- 1	W	ash. D.C.	U.S.A.	WIDOWE		ED 🗆	Prince (George	8	MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL				o. USUAL OCCUPAT			F BUSINESS OR
)/	S	uitland	3418 Park	MAY LELI	ace Driv	ve (Homemak	P WORKING LIFE	CHO BUSTRY	lome
	USUA	AL RESIDENCE (IF NUR - IU - III - III	CHIER INSTITUTION GIVE RESIDI	ENCE BEFORE ADMISSION)		-			0-4	-
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0		aryland P.	u. Jour	. CIanu	YES NO		410 Lan	KWBY I	GLLGC	ce Dr.
Au	IN FA	FIRST	MIDDLE	LAST	15. MOTHER'S MAID		MIDDLE	7.10	AAS	J.
្សល		William	J. Esse	×	Mai	rgare	t Lo:	retta	A3	lken
69			MED FORCES? 16b SOC	TAL SECURITY NO.	17 INFORMANT		ADDRI	ESS		
1		NO		-05-8503	Warren	E. K	inight s	ame as	13	
9		18 CAUSE OF DEATH Enter on								MATE INTERVAL ONSET AND DEATH
4		PART I. DEATH WAS CAUSE	DBY:	TINTER (Nach Ca	RCIN	2444		IL //	INSET AND DEATH
0		IMMEDIAT	E CAUSE (d	SAA I'C C	DEON CN	IECIN	UMA		4 /2	7/63
a		1937	DUE TO, OR AS A CO	ONSEQUENCE OF						
		Conditions, if any, which	(b)							
Da		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
-r-l	- 3	underlying cause last								
4-		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)								
ب	O									
2	AT	190 DATE OF OPERATION	196 CONDITION FO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED			IGS USED
	F						ws. 🗆	IN CERTIFY	NG CAUSES	OF DEATH?
EZ	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21, HOW IN HIPV		YES NO X	YES		NO 🗌
J		OR CONTRIBUTING CAUSE OF DEA		NTH DAY YEAR	110 110 11 1100011	OCCORRED	(ENTER NATURE OF INJU	KT IN HEM 18 PAK	TORPART 2)	
19	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
Fel	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACTOR		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
po	<	AT WORK NOT WHILE AT WORK						,		
R		220.1 certify that (I) (this hospit	al) attended the decease	ed from AVE 157	. 19	74_	10 JAN	4 19	10	that +h (we) last
		saw the deceased alive on	OCT 30	10 8/	d that in (wy) (our) o	opinian deat	th accurred on the d	ate and hour a	-	
H	0	above th (we) this (did not	view the body after dea	th	DEGREE				22c DAJE	
0	4	1	Danie		ATTEND	DING A	AEDICAL STA	FF	1/1	1/2
		June a. I	Slower	us		CIAN D	RECTOR PHYSIC	IAN	1/1	102
		AYSICIAN'S NAME (TYPE OF		20.0	22e. ADDRESS	121 8	ELCREST	RO	. /	
		JAMES A.	FSZOWN 1	W)	+	WATT.	SVILLE	NO 2	0782	
		URIAL, CREMATION, REMOVAL	23b. DATE		METERY OR CREMA		23d LOCATION			
	8	ürial	1-7-82	Trinit	y Mem.Ga	arder	is Wallo	rf, Ch	iarles	s, Md.
	24 FU	INERAL DIRECTOR			12	25a. DATE RE	C'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNATI	URE
	Hi	ntt Funeral	Home Wal	ADDRESS Man		IAM	1 2 4000	on c	1	
	110	Huntt Funeral Home, Waldorf, Maryland JAN12 1982								

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Ite

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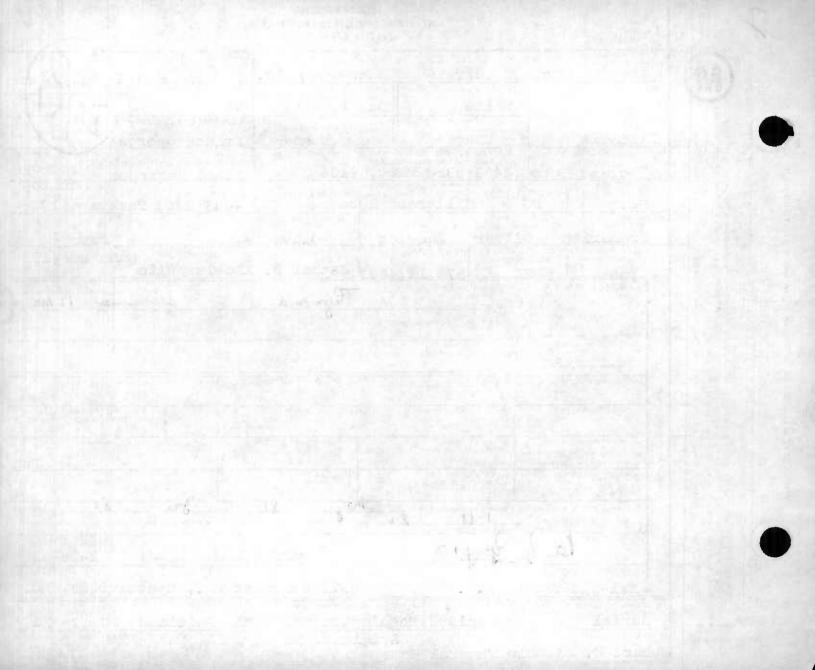
REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 28 DATE OF DEATH 26 HOUR 20 82 Jan 9:30A M AGE LIN YEARS LAST BIRTHDAY 74 BALTIMORE CITY OR COUNTY OF DEATH Prince George's 126 KIND OF BUSINESS OR Moodward (TYPE OF WORK FOR MOST OF WORKING LIFE) Steam Enginee Lothrop 13e. STREET ADDRESS 4403 23rd Parkway #104 MIDDLE Perry ADDRESS Same as #13 Esther E. Knowles/Wife 11 mo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNT STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL 1-20-82 PHYSICIAN DIRECTOR PHYSICIAN 6525 Belcrest Rd., Hyattsville, Md. 23d. LOCATION 22Jan1982 Washington National Suitland PG Md Suitland, Md50 Robert E. Wilhelm Funeral Home

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND

1	- STATE REGISTRAR				CATE OF DEATH	REG. NO	0.	and lies I	
	ECEASED NAME FI	IRST N	NIDDLE	LA	\$1	2a DATE OF DEATH	MONTH DAY YE	EAR 2b. HOUR	
	CONTRICT	CHARLES FR	ED LAMPER	TSDC	ORFER	JANUARY 31	, 1982	7:25 p _M	
			DATEO				YEAR IF UNDER 24 HRS		
	MALE	WHITE		JULY	7 9, DAY 1 8 9 2 YEAR	89	YRS.	DAYS HOURS MIN	
*6. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8				AAPDIED	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
PENNSYLVANIA UNITED STATES			DOWE		PRINCE GEORGE'S COUNTY				
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MALCOLM GROW USAF M				ESS)	11YPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY				
13a			GIVE RESIDENCE BEFORE ADM 13L CITY OR TOWN CROFTON		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2482 VINEYA	ARD LN		
IL F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
)	Unk	cnown			LlK21	Unk		LASI	
	WAS DECEASED EVER IN L	U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY	NO.	17. INFORMANT	ADDRE	SS	MD	
		/I,II	577-64-36	87	JERRY J. DONA	ALDSON, 248	2 VINEYARI	LN, CROFT	
	Conditions, if ony, which gover rise to immediate couse lost and source of the underlying couse lost and source of the underlying couse lost (c) Charles on the couse of the underlying couse lost (c) Charles on the underlying couse (c)								
NO	PART 2 OTTER STORTER	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WA			I WAS PERFORMED	200 AUTOPSY? YES □ NO 🛣	20b. IF YES, WERE FI IN CERTIFYING CALL YES	INDINGS USED USES OF DEATH? NO		
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE LIFE EITHER NOTIFY MEDICALE.	E OF DEATH HOUR A.M	A. MONTH DAY	YEAR 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PAR	et 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C	OF INJURY ET. FACTORY OFFICE FARM, E		211. LOCATION STREET	CITY OR TOV	VN COUNT	TY STATE	
	22a. I certify that (I) (this hospital) attended the deceased from 19 2 , to 19 2 , to 19 4 , to 19 4 , that (I) (we) lost sow the deceased alive an above (did (glid not) view the body after death 19 2 , and that (n (my) our) apinion death occurred on the date and hour and from the causes stated object.								
	226. STATE MICHAEL DEGREE 31 JAN J. 21/20 hr. STAFF EXAMINE WHYSICIAN DIRECTOR PHYSICIAN 2/1/82								
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BLAIN R. MILLER, CAPT, USAF, MC MALCOLM GROW USAF MC, AAFB, MD 20331								

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shows

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

236 DATE 2/4/82

230 BURIAL, CREMATION, REMOVAL ISPECIF Burial

23d LOCATION CITY OR LOWN Arlington Arlington National Cem

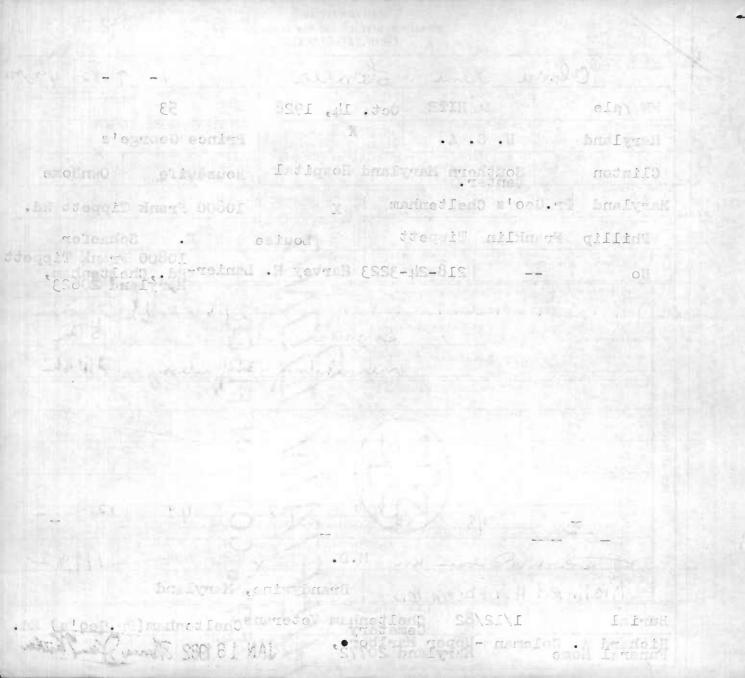
STATE

12.c ov. II., In 28/1/5 re limber to the second ... Fire 6 60 xon 1111 d. con 1111, 16.

DHMH - 16 50M 1/81 (VRA 15, 4)

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	FOR STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MEN' FICATE OF DEAT		3 2	0 2 5	30
	I DECEASED NAME (TYPE OR PRINT)	a him	u L	mier	20 DATE	REG. NO. OF DEATH MONTH	DAY YEAR 9 -82	26 HOUR
	FE / ple	0 0	TE Oct	OF BIRTH		N YEARS LAST BIRTHDAY) 53	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5	Maryland	U. S. A	MARRIE WIDOW		ED Pri	nore city or countince Geor		MD.
6	Clinton	Contan.	Mary Tan			LOCCUPATION ORK FOR MOST OF WORKING 150W110	126 KIND OF INDUSTRY OWNH	BUSINESS OR
L		CHER INSTITUTION GIVE RES	TY OR TOWN TO THE TOWN	13d. INSIDE CITY LI YES X NO	MITS? 13e STREE	300 Frank	Tippet	t Rd.
2			.ppett		uise	WIDDLE	Schaefe	
	16a WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter of	e war Or Dates)	8-211-322	Harvey	E. Lani	er-RdC		am.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b)	CONSEQUENCE OF CONSEQUENCE OF UTING TO DEATH BUT	Sour	HE TERMINAL DISEA	ultin E OR CONDITION O	5TO 2W-	ch.
1	TO DE CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHEY MEDICAL EXAMINER 21d. INJURY OCCURRED	216. TIME OF INJUI HOUR A.M. MI P.M. 216 PLACE OF INJU	ONTH DAY YEAR 19 JRY	21¢ HOW INJURY	YES 🗌	NO IN CER		PF DEATH?
	WHILE AT WORK AT WORK 720.1 certify that (I) (Hris hospi sow the deceased alive on above, (I) (we) Hold (I did no 27b. SIGNATURE	tol) ottended the decea	eath. 19 & 3	DEGREE ATTEN		red on the date and h		
	22d. PHYSICIAN'S NAME TYPE OF RICHARD	H. Dobse		22e ADDRESS	wine, Ma	aryland		10-
	Burlal	1/12/82	Chelte	nham Vet	eransche	eltenham	(ProGeo	s) Md.
	Richardon. Col Funeral Home	eman -Upp Mar	er Marlb	772	JAN 18	1982 Case	STRAIS	Matthe



Wash D.C

FUNERAL Home

(VRA 15, 4)

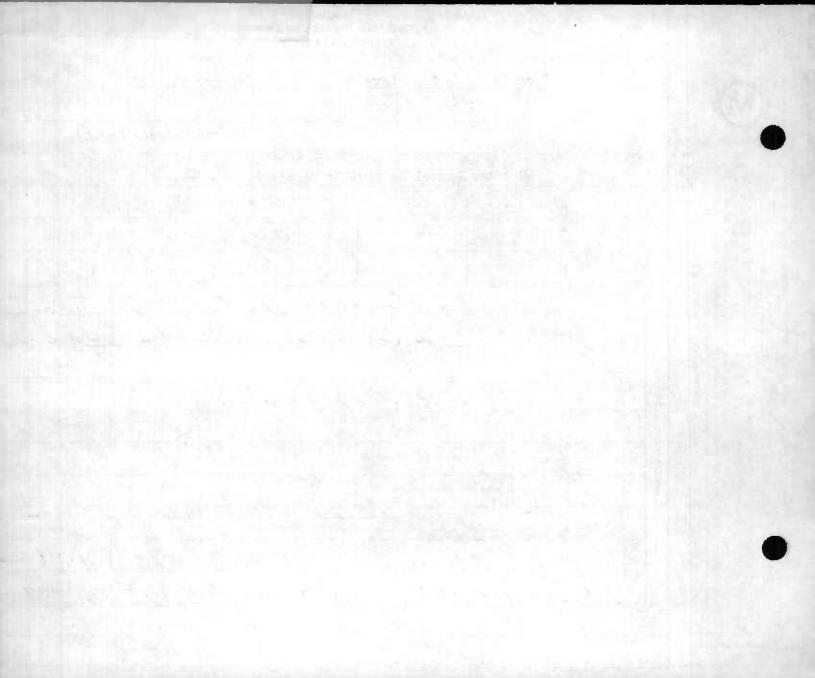
STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



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	1-	STATE REGISTRAR			S'S CERTIFICATE O		10
. 8		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN OF ESTI-	
SAS ASE		TOM	VIRC		LERMWONG	DEATH MATED	1-3-8219
A STATE OF THE STA	3. SE	D	5. DATE OF BIRTH	16. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	24 HRS. 2c. DATE PRONOUNCED DOAEAD	MONTH DAY YEAR 24 HOUR 25
ESSA	7b. B	RTHPLACE (STATE OR REIGN COUNTRY)	12-17-46 75. CITIZEN OF WH	IAT COUNTRY?	MARRIED X NEVER MARRI	RAITIMORE CITY	OR COUNTY OF DEATH
N. WITH	_	THATLAND TY OR TOWN OF DEATH	u.s.	.A. v	IDOWED DIVORCE	PRNCE	GEORGES MD
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ORE, MD. DEATH. IF AGES 1, 2, 2, 2M PM 3. TAND 2 SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOUT SHOOT SHOOT SHOOT SHOOT SHOUT SHOT SHOUT SHOUT SHOUT SHOOT SHOUT SHOT SHOUT	14. F/	ATHER'S NAME FIRST SIL	WIDDLE	OCHALERMWONG	15. MOTHER'S MAIDE		LAST
ALTIMO ALTER D AFTER D IVE PAGE 1 F ORA A GES 1 V SION C	16a V	VAS DECEASED EVER IN U.S. ES. NO. OR UNKNOWN) (IF YES, G		166. SOCIAL SECURITY N 547-11-9054	MACOLITUI	ADDRES LEWCHALERMWONG	
. 4 > . 0		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly one cause per line SED BY: NATE CAUSE (GASP)	far (a), (b), and (c).) [RATION OF GA	ASTRIC CONTENT	S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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- 3Z=2E2		gave rise to immedic cause (a) stating the und lying cause last.	Jie (0)	AS A CONSEQUENCE OF	CATCLIX		
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NATE S		21g EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE (INJURY MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM T	YES NO X
# 3 4 7 4 5 ±	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, DRY, FARM, ETC.)	PII. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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DHMH - 17 (VR A15 ME (5))	F	RANCIS J. COLL	INS 500°UN	IV. BLYPUFRE.	STRING ND 3	AN 8 1992	STRANG SENATING ACCOM

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THE CHARLES WATER TO THE PROPERTY OF THE PROPE

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BAI cate aper vol.		18. CAUSE OF DEATH	Enter only	one couse pe	er line for (0), (b , and (c	<				BETWEEN C	MATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORING PHYSICIAN: The low requires that the death certificate be executeding physician. When this certificate has been signed by the attending physician and as the burial-transit permit. Then please remove carbon papers. Pages than Amental Hygiene prior to burial, cremation, or removal. and Mental Hygiene prior to burial, cremation, or removal.	Z	PART 2 OTHER SIGNIF	ICANT CO	NDITIONS C	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE OR CON	IDITION GI	VEN IN PART 110	,
been rectangle been mit. If	CERTIFICATION	19a DATE OF OPERATION	ON	19h CONI	OITION FOR W	HICH OPERATIO	N WAS PERFORA	MED	200 AUTOPSY?	Took IF YE	S, WERE FINDIN	ICS LISED
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DHMH - 16 60M 1/75	24 FU	INERAL DIRECTOR			AOORE			25 ATA	RET DEBY PEGISTRAR	251 REGIS	TR RESIGNAT	RE-Cu
(VR A 15 (4))	G	RANT F.H.	9013	ANNAC			AMMO.		- 0 1002	A STATE OF	V.	America

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH TYPE OR PRINTI OF ESTI-1:44 MADELINE Lietz A. 19 82 3 SEX 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 82 15 1907 74 YRS 12 10 Female Caucasiah DEAD Th CITIZEN OF WHAT COUNTRY? 78 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. Prince George's County U.S.A. WIDOWED X DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTIONA ID CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Prince George's General Hospital Cheverly Housewife Own Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 5824 33rd. Ave. Maryland P.G. Hvattsville NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Angelina -Salvadore Monaco Last Name Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 212 Old Line Ave 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Lawrence A. Lietz Laurel, Md. 577-18-6927 No CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AS A BURIAL - TRANSIT PERMI ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o) Diabetic arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last MEDICAL EX PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT E 3 SHOULD DE HE E DEPARTMENT OF HE 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO X 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY EXECUTE THE CERTIFICATE, PAGE 4: SHOULD BE FORW TO FUNERAL DIRECTORE, PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on Inspection ond in my opinion Notural causes X death resulted fram Accident Hamicide Undetermined monner TITLE (SPECIFY) DATE SIGNED 1/11/1982 Deputy ADDRESS 5009 Rayburn Court, Temple Hills, Md EXAMINER'S NAME Augusto P Rodriguez (TYPE OR PRINT) 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Ft. Lincoln Cemetery Burial 1-13-82 P.G. Maryland BP Brentwood 24 FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 75h_BEGISTRARIS SIGNATURE **DHMH-17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 15M2/80

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			STATE OF MARYLAND	45	0 0 1
	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 👸 🙎	0 2 3 3 6
	DE CELOPOLITATION	RST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	YPE OR PRINT)	arie Wehe Litt	le	Jan. 17, 19	82 9:33
3.	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
	Female	Caucasian	7- 26- 1898	8 83 YRS	MONTHS DAYS HOURS MIN
7 8 10.	BIRTHPLACE (STATE OR FOREI		RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF COUN	
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35 13	Mary land 13h	COUNTY 130 CITY OR TO BOW I 6	OWN 113d INSIDE CITY LIMITS?	12601 Kilbou	rne La.
1 14.	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N.	AME	TAST
01	Gustav	L. Wet		Von	Stapenhors
1 160		VES CIVE WAR OR DATES		ADDRESS	44
	No	nter only one cause per line for (a), (b)		. Little Sam	ne as # 13
NOIN	Conditions, if ony, wh gave rise to immedicouse (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ore the DUE TO, OR AS A CONSE (c) ANT CONDITIONS CONTRIBUTING			
2 Septification	THE DATE OF OPERATION			YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
		OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	121 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		hospital) attended the deceased from the on 100 miles and 100 miles and 100 miles are the body of the original terms and 100 miles are the body of the original terms are the origin	(/ 5	, to, to, to, death occurred on the date and h	
	Rad 254 PHYSICIAN'S NAME	makeled m		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
	RIAD A	LDAKHEEL	14300 Galla	of Fox Ln. Bow	1e, Md. 2071
	Burial, CREMATION, REM	1-20-82	Ft. Lincoln	Brentwood	Pr. Geo. Md.
24	FUNERAL DIRECTOR BE	Annapolis Rc.	33 D	TE REC'D. BY REGISTRAR 230 REGI	S S S S Manue

Femelo Caucasian 7- 26- 1898 of Maryland Pr. Gen. Boule x 12601 Kilbourne La. Cust w L. Webe Louisa Von Stansmorst 572-20-95598 - Walter C. Little Same as # 13

Burin! 1-20-82 Ft. Lincoln Sientwood Pr. Geo. Mr. Seall Funeral home but 16.000 Annanolis Re. Borle, Mc. Mag.

15M2/80

STATE OF MARYLAND

51 17-1 DISTRICT WEIGHT 6203 DISTRICT HEIGHTS ARROWN HPERTELSIVE CARNONSCHAF DISEASE

MUCUSTO P. ROWLENCE, N.D. SHOW PAYOUR OF, CAMP SPRINGS, NO. 2014

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH YEAR 2b. HOUR TYPE OR PRINTS LAURETTE (NMN MAISONNEUVE 01 - 22 - 823 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY FUNDER I YEAR White June 2, DA 1911 YEAR Female 70 O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Canada U.S.A. DIVORCED [WIDOWED TO PRINCE GEORGES COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE!
Housewife Own Home CHEVERLY PRINCE GEORGES GENERAL HOSP SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Prince Geo. Riverdale 13m STATE 134 INSIDE CITY LIMITS? 5313 Riverdale Road Apt 332 Maryland YES X NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Longtin Joseph Martel **Emma** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Sampayorth Carrollton Ave. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 133 20 4777 New Orleans, La. Robert Maisonneuve

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ARREST. IMMEDIATE CAUSE (O) CARDIA C. DUE TO, OR AS A CONSEQUENCE OF CHRONIC RENAL FAILURE
GASTRIC WLEEK WITH PARTIAL GASTRECTOMY Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. RINARY INFECTION

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO F 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from

sow the deceosed olive on 23 obove. (1) (we) (did) (did not) view the bady after death ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated

776. SIGNATUR DEGREE 27s. DIATE SIGNED

Ft. Lincoln Cemetery

MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22s. ADDRESS PGGH/MC, SAMUEL ALLEYNE MD CHEVERLY, MD.

20785 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Bürial 1/26/82

Friedrich's Sons Funeral Home, P.A.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Brentwood P.G.

Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

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TIDE E-CORP. MINOR SERVICES FOR ISS CHEVERLY FRANCES CONTROL FRANCES OF FRANCES. SEE SHALL Brook of cheer of the 2 6 I diver be only sured by him benefit at a August 1987 Perfect Cateur William Tail Street City were remarkable to be stall 777 to 10, 200 SAVUEL ALLEYNE NO E POCHANG, CHEVERLY, ID. 20765 Interior to the dealers were new to the second and

-	1.	FOR STATE		DEPARTMENT OF	HEALTH	AND MENTAL	HYGIEN	5 2	0	2 .	5	7
	1	REGISTRAR	ME	DICAL EXAMIN	NER'S	CERTIFICATE	OF DEA	TH R	EG. NO.			
		CEASED NAME FIRST		WIDDLE		LAST	2	a DATE KNO	WN X MC	ONTH DAY	YEAR	Zb HOL
		Joset	oh B		Marie		100	OF EST	ED 🗌	1 09	19 82	
ı	3. SE		5. DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	DER 1 YR. IF UNDE		c. DATE	MON		YEAR	3: 20
ı	1	Male Caucasi			RS. MONT	HS DAYS HOURS	MIN F	PRONOUNCED		1 09	19 82	3:20 a./
ı	70 B	IRTHPLACE (STATE OR	76. CITIZEN OF W	HAT COUNTRY?	18	IED NEVER MARI	DIED T	BALTIMORE	CITY OR CC			
ı		REIGN COUNTRY)	U.S	S.A.	WIDOW		-	Princ	e Geo:	ree's		M
d	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTH		12a. USU.	AL OCCUPATIO	N (TYPE OF W	ORK 12b. KI	ND OF BU	SINESS
į		Bowie	12403 St	cility, give street address) nelter Lane			Ret	ost of working LI	HDO TO	Rue	RINDUSTR	nece
1	USU		E OR OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISS	ION)	9					busi	Hess
1		lary land Pr.	Geo.	Bow ie		13d. INSIDE CITY LIMITS? YES X NO [et ADDRESS +03 She	elter	La.		
I	14. F.	R'symond	MIDDLE	Marie		15. MOTHER'S MAIL		MIDDLE			LAST	-
Į						Laur	а			(Unk	.)	1/4
ı	160.	WAS DECEASED EVER IN U.S. A S.S. NO, OR UNKNOWN) (IF YES, GI	ARMED FORCES? WE WAR OR DATES)	16b. SOCIAL SECURIT		17. INFORMANT			DRESS			
١	1	NO		165-28-	8956	Laura F	orbes	Same	as #	13		
1		18 CAUSE OF DEATH (Enter	anly ane cause per line	far (a), (b), and (c).)						AFT	PPROXIMATE WEEN ONSET	INTERVAL
		PART I DEATH WAS CAUS	A .	rterioscler	otio	cardiovas	refun	dispose	5			
		11 5 MAMEDI				Cardiovas	Cular	discase	-			_
- 1	1.	14272	DUE TO, OR	AS A CONSEQUENCE	OF							
		Conditions, if any, which										
	-	gave rise ta immedia										
		lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					000		
		17.119 20032 10311	(c)									
		PART 2 OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEAS	E OR CONDITION GIVEN IN P	'AR1 1 (a)					
4	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	Ligh CONDE	TION FOR WHICH OPE	PATIONI M	AS BEDEODALEDS				Inc		
4	2	THE DATE OF OFERATION	170. CONDI	HON FOR WHICH OFE	KATION W	AS PERFORMED!					AUTOPSY?	
4	RTH	21a, EXTERNAL CAUSE WAS	1011 71145 01	- In Living	Tax						YES 🗌	NO 🔯
4	8	UNDERLYING OR	21b. TIME OF HOUR A.M	. MONTH DAY YEA		OW INJURY OCCURR	ED LENTER N.	ATURE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
	S	CONTRIBUTING CAUSE O										
	60	21d INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME,		CATION						
1	E	WHILE NOT WHILE AT WORK	STREET, FAC	IORY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY		STATE
1		AT WORK						C*Y1				
		22a. I certify that I taak cha	irge of the remains des	cribed abave, held an	Autop	sy 🔲, Inspectio	an 1	Inquiry X,	and in m	ny apinian		
		death resulted from: Na	tural causes X,	Accident . So	vicide	, Hamicide .	11-4-4-	rmined manner				
		Sedin resolved from: No	iordi cooses L.,	Accident L., Si	vicioe 🗌		Undefe	immed manner	<u> </u>			
		LICTURE OF	aut X	V).		TITLE (SPECIFY)						
		ACTUAL SIGNATURE	gusto / - /	cody	M	Deputy	MEDIC	CALEXAMINER	Di	ATE 9/	9/198	32
1				111				- LE ENFORMACK	31	0.40	2074	18
1	parets.	EXAMINER'S NAME	sto D Dod	ri augus M. D		5000	Park	en Count	Toms	le u:		
4				riguez. M.D		ADDRESS 5009					115,	Hu.
	23a.8	BUT i a I	1-13-82	23c. NAME OF CE			23d. LOC	eens bu		COUNTY	st.	ATE , see
1			1 -		burg	Cath.Cen	n. Gr	eensbu	irg W	. Moi	relai	ndPa
	24 F	UNERAL DIRECTOR Bea	II Funera	Home	Vi.	25e. DATE		REGISTRAR 251				
	-	16,000 At	nnano 11 Portess	Rd. Bowie	e, Me		V121	000 71	()	V. 9	V-0	
1		,	apo	TO DOW I	- 111	ואט,	1-01	JUL UNG	new X	Low /	authen	0

STATE OF MARYLAND

Peter - Owner - 8 s and mess Auvience Pr. Sec. 2016 ... x 12008 Shelter L. Laura Marie 165-28-8956 Laura Fondes Sine as # 11 1-11-82 Greensburg Cath, Cen. Greensburg W. Moreland Beall Funeral Fonc Beall Funcial Comc. 16,000 Annanclis Rr. Bowie, Mr. JANIS 182 Stages

				STATE OF MARYLAND	a s	00:0
	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE () &	0 2 2 3
		REGISTRAR			REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
		HELEN	L.	MAY	/	11 82 11:50
	3 SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 H
once		FEMALE	CAUC	11 1 16	65 Y	RS.
Te a	7e. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED ON NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
THE CO		MARYLAND	U.S.A	WIDOWED DIVORCED	Prince Geor	ge's
3	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12st USUAL OCCUPATION {TYPE OF WORK FOR MOST OF WORKS	17b. KIND OF BUSINESS NG LIFE) INDUSTRY
1570		LAUREL	GREATER L.	AUREL NURSING HOME	Waitress	Restauran
E	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION) OWN \$134 INSIDE CITY LIMITS?	134. STREET ADDRESS	
amin		PRVLAND P.		ILLE YES NO [12630 VERSM	ILLE
×	14_FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
15/		Franklin	Gray	Margare	t	Giesler
T and		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE		ADDRESS	
e 2		NO	579-0	5-5998 Milton E.	May/Spouse	Same as #13
ven.	4	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (b)	anguero a - a - 1 A-a	REST	APPROXIMATE INTERVAL BETWEEN ONSE! AND DE
em tic		TARTI DEATH WAS CAUSE	TE CAUSE (0)	SPIRCH POTCY TIC	NOE 31	
7 6		1749			0 -	
on, trac		/ / /	DUE TO, OR AS A CONSEC	DUENCE COMPONENTE	CINOMA BRE	75
atric		Conditions, if ony, which	(1b) VE	Justine Cilia	INONIA ESE	-3/
remati	- 1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	QUENCE OF		
y, o		underlying cause lost	(c)			
to buria	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
- a	CERTIFICATION	19a DATE OF OPERATION	TIME CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
shows 2	FIC	THE DATE OF OPERATION	TW CONDITION VIII	CH OFERATION WAS FER OWNED	- MINCI	ERTIFYING CAUSES OF DEATH?
Hygiene n 18 sho	ERT	216 ACCIDENT WAS UNDERLYING	716 TIME OF INJURY	71r HOW INTERVOCCUE	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
Item 18		OR CONTRIBUTING CAUSE OF DE			MED TEMIER MATORS OF INJURY IN 1154	STOLEMENT (ORPHRIZ)
0 5	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19		
2 7	ED	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
h and narke	2	AT WORK AT WORK	, rome, street, the fort, office			1
is n			nital) anended the deceased from	H NOV 19 OL	10 / JAN	19 8 2 that (I) (we
121		naw therefore green gland or	111102	/	death accurred on the date and	hour and from the causes state
terr		226 SIGNATURE	of view the body ofter death. A	1 1		
Deg		THE SHUNATURE TY	Jan 11 11	DEGREE	MEDICAL STAFF	22C DATE SIGNED
NT:	100	701	My Co	PHYSICIAN I	DIRECTOR PHYSICIAN	1/12/82
3TA		THE PHYSICIAN'S NAME (THE	V O America	27e ADDRESS	11.00	112 PILLALA
IMPORTANT: I		GIVERO1.	A	DM 190 1201	LAVILLE PI	UK#104
2 2	23a (SURIAL, CREMATION, REMOVAL	735 DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF FOWN	COUNTY STATE
	,	Cremation	13Jan82	Cedar Hill Cremat		
16.05**	24 FI	JNERAL DIRECTOR	ABBARCO	Suitland, Md 250. DAT		GISTRAR'S SKINATURE
16 25M 5, 4) 1/79	Pa	hart F Wilh	elm Funeral		3411 2 0 130C	New
	INU	MET P MITH	e III Funeral	HOMA		

PESA PATRICY AND REST MENTS DUTE PHECHENNIN BREST BE COUNTY A CAPEN IN A RELIGIOUS OF THE